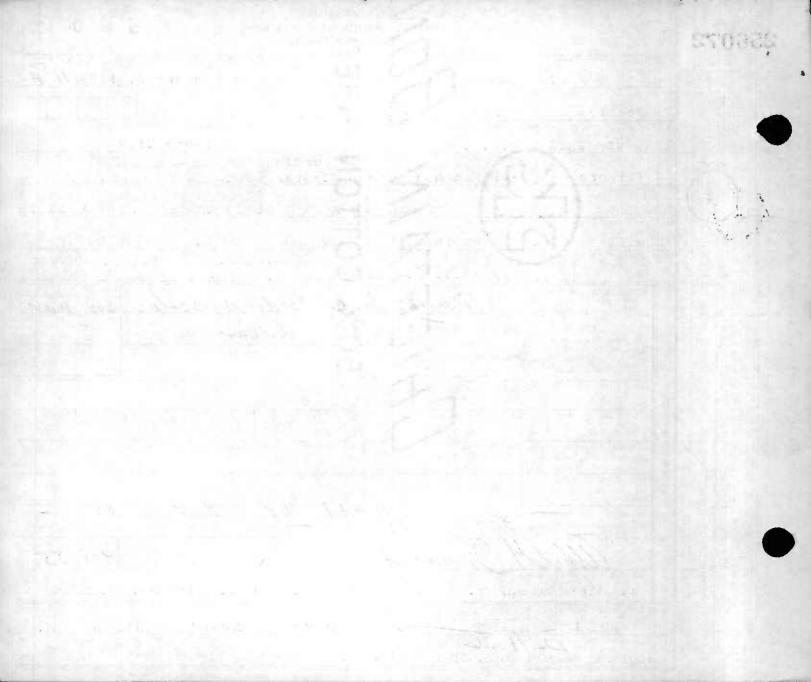
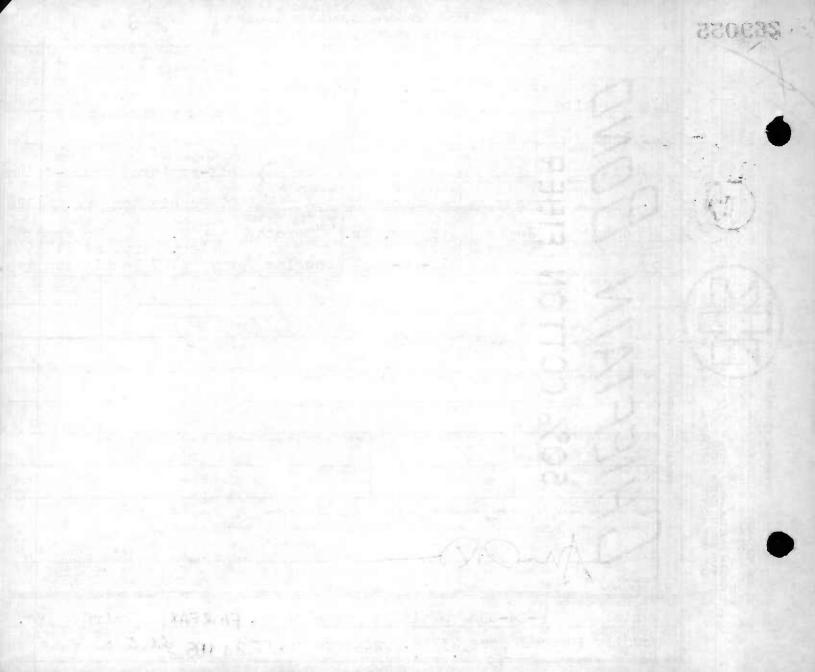
(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENER - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26 HOUR DECEASED NAME MIDDLE 1.651 20 DATE OF DEATH MONTH FIRST (TYPE OF PRINT) STOTLER TEDDY 1985 GRACE September 5. 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH MONTH DAY YEAR White JUNE 4, 1898 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City WEST VIRGINIA U.S.A. WIDOWEDTX DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER WEITEN 120 LISUAL OCCUPATION 176 KIND OF BUSINESS OR (1F NOT IN SUCH FACILITY GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Meridian Long Green Center SECRETARY MEDICAL USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION 1136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? BALTIMORE YES X NO [3811 CANTERBURY ROAD 21218 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE R. STOTLER HALLIE D. (UNKNOWN) ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT PER. Howard St 929 N. REP. LIF YES GIVE WAR OR DATEST 217.05.4817 WILLIAM H. GORMAN. BALTIMORE 21201 18. CAUSE OF DEATH (Enter only one cause per lipe for Ia), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a. disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) 220 I certify that (I) (this hospital) attended the deceased fram saw the deceased alive an and that in (my) (warr-apinion death accurred an the date and hour and from the causes stated abave, (1) (---- (did) (did nat) view the bady after death. 220 DATE SIGNED DEGREE MEDICAL mou DIRECTOR PHYSICIAN PHYSICIAN 27d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 1101 St. Paul St. Baltimore, Md. 21202 Dr. Alfred Ossman, Jr. 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY SEPTEMBER CITY OR TOWN (SPECIFY) 1985 Rose Hill Cemeterv Cumberland Allegany Burial Md. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 250 DATE REC'D DHMH - 16 60M 7/84 Singleton Funeral Home, Glen Burnie, Md.

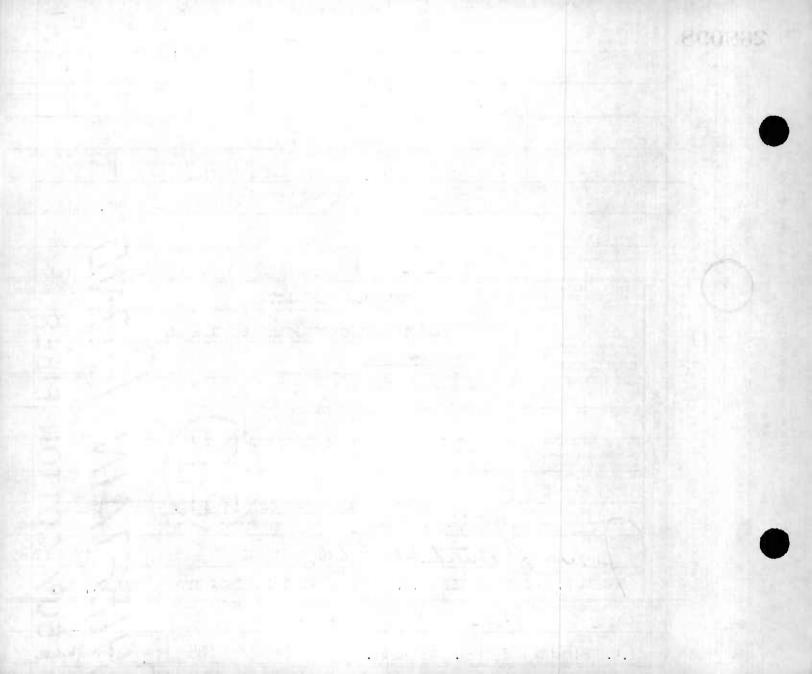


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE:" 269055 - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-19 85 DEATH MATED TERRY RONAT D 9 20 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR YEAR LAST BIRTHDAY) 9:50 PRONOUNCED 1985 DEAD 20 Male White 12 TO BIRTHPLACE (STATE OF 7h. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED [DIVORCED Baltimore City Maryland 10. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Baltimore South Baltimore General Hosp. Self-employed truck-drive USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) W. PRESTON ST., BALTIMORE, MD. 21201 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 707 Pennington YES T NO T 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Thomas James Dorothy McDermott 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. toADDRIBaryland (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-66-3032 Douglas Terry Pennington 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Bacterial endocarditis DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL lying couse last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d REMAT CERTIFICATION FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIGR TO BURIAL, C USED / 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESX NO [71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211. LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK CITY OR TOWN COUNTY STATE X 22a. I certify that I taak charge of the remains described above, held an and in my opinion death resulted from: Natural causes Undetermined monner TITLE (SPECIFY) ACTUAL 9-21-85 .D. Assistant MEDICAL EXAMINER SIGNATURE Ann M. Dixon, M.D. EXAMINER'S NAME 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 9-24-85 Memorial Fairfax 07/84 25M 24. FUNERAL DIRECTOR **DHMH - 17** Funeral (VR A15 ME (5))



STATE OF MARYLAND

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	the hose I DIRECTED TO THE DEPT.		27h SIGNATURE	1/2-1	1	DEGREE ATTENDING	VMEDICAL STAI	:E	22c. DATE	
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	5 5 F ≥ 2 ₹	1	30. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d, LOCATION CITY OR TOWN	col	YINU	STATE
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	DHMH - 16 50M 1/76	12	4 FUNERAL DIRECTOR	ADDR		25 FF	23 1985	256. REGISTRAF	R'S SIGNATI	JRE
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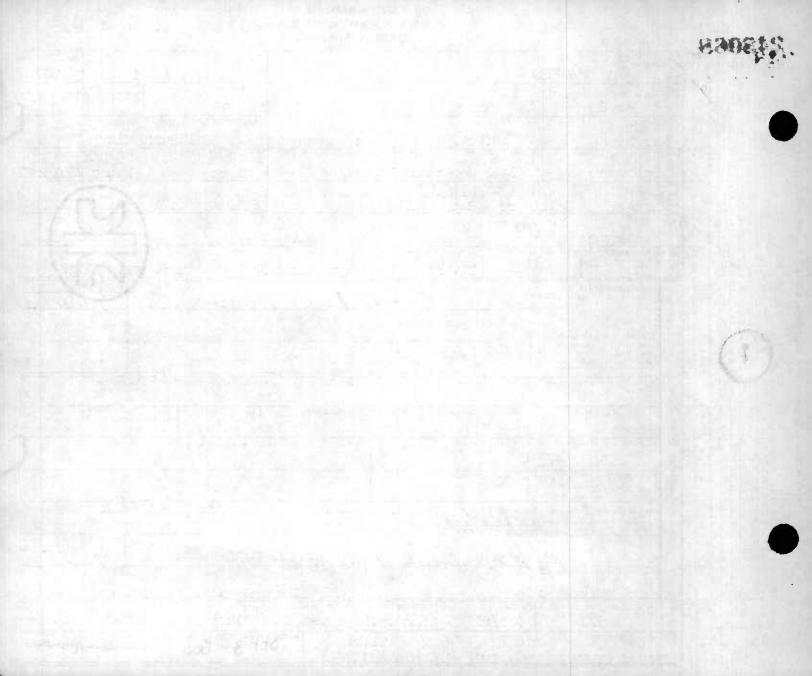
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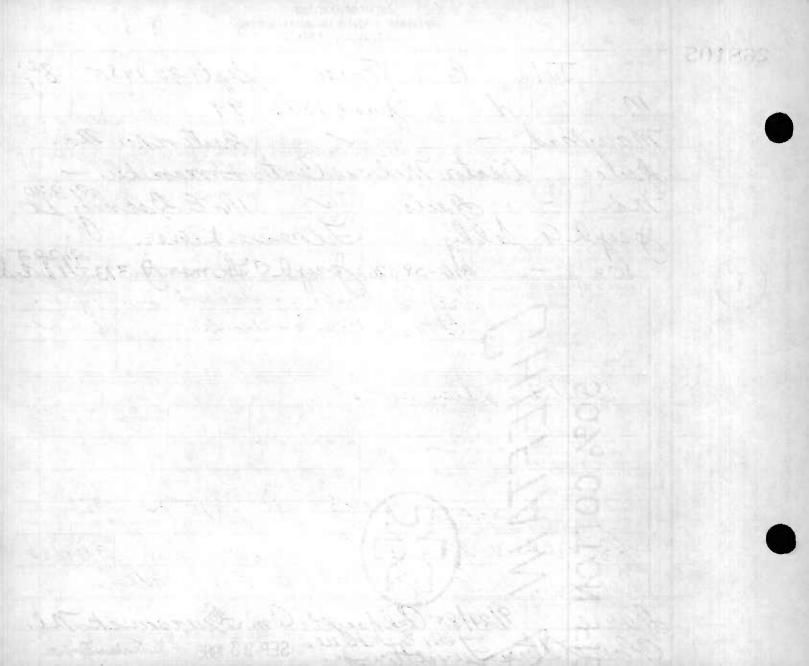
- STATE CERTIFICATE OF DEATH **248068** REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH 2b HOUR TYPE OR PRINTS 4:20P.M FRANCES THOMAS 9 85 G. 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 5 DATE OF BIRTH YEAR Female White 11 10 75 Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Baltimore City Maryland WIDOWED DIVORCED [IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRIMO (TYPE OF WORK FOR MOST OF WORKING LIFE Motor Vehicles Baltimore 3423 Woodstock Avenue Clerk 186 COUNTY 13e STREET ADDRESS / ZIP CODE 6129 Regent Park Road Baltimore Catonsville Maryland NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Smith McDorman Artie George 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST 217-34-4697 Helen Moran 3423 Woodstock Ave. 21213 18 CAUSE OF DEATH (Enter only one cause per line for ia), (b), and ic PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG IFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T CERT 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PAA 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STATE STREET (AT HOME STREET FACTORY, OFFICE FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram DIRECTOR: saw the deceased alive on and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN PT should be det with the State IMPORTANT: DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME 22e ADDRESS 3455 Wilkens Avenue Jeffrey Cole 2nd flr. room 208 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) Md. STATE Elkridge 9/5/85 Meadowridge Mem. Pk. Howard Burial BP 250. DATE RES'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 21229 DHMH - 16 60M 7/B4 (VRA 15, 4) HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEND - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) 4. RACE 3 SEX IF UNDER 1 YEAR IF UNDER 2 HRS Je BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED T 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 136 COUNTY 13d. INSIDE CITY HMITS? HER'S NAME ED EVER IN U.S. ARMED FORCES CIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for to la(b), and to BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS DEATH BUT NOT REPATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 706 IF YES, WERE FINDINGS USED. HE DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED The AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO IT 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from. -00 sow the deceased alive on obove. (I) (we) (did) (did not) view the body after death _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING. MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PORTANT FUNE old be 0 DHMH - 16 50M 4/82 (VRA 15, 4)



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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH

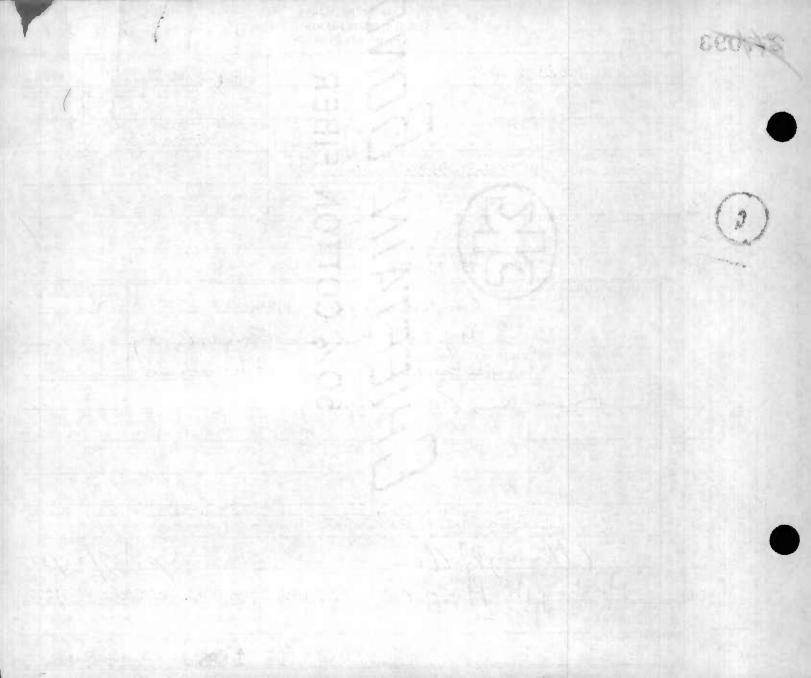
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	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	*	
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	altimore		iter Baltimore Md	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	
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7 3	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED		206 IF YES, WERE FINDIN	
CERTIFICATION				YES NO	IN CERTIFYING CAUSES YES	NO [
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1				pinion death accurred on the date		
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	17 ks has	y V. Amis	n MB 3900 La	och Raven Blvd.	Baltimore M	D 21218
23a	BURIAL, CREMATION, REMOVA			TORY 23d LOCATION	COUNTY	STATE
	(SPECIF Burial	10/1/85	Crownsville VA Ce	m. Crownsvi	lle	MD STATE

DHMH - 16 60M 7/B4 (VRA 15, 4) Wm. ℃ March F/H 1101 E. North Ave.

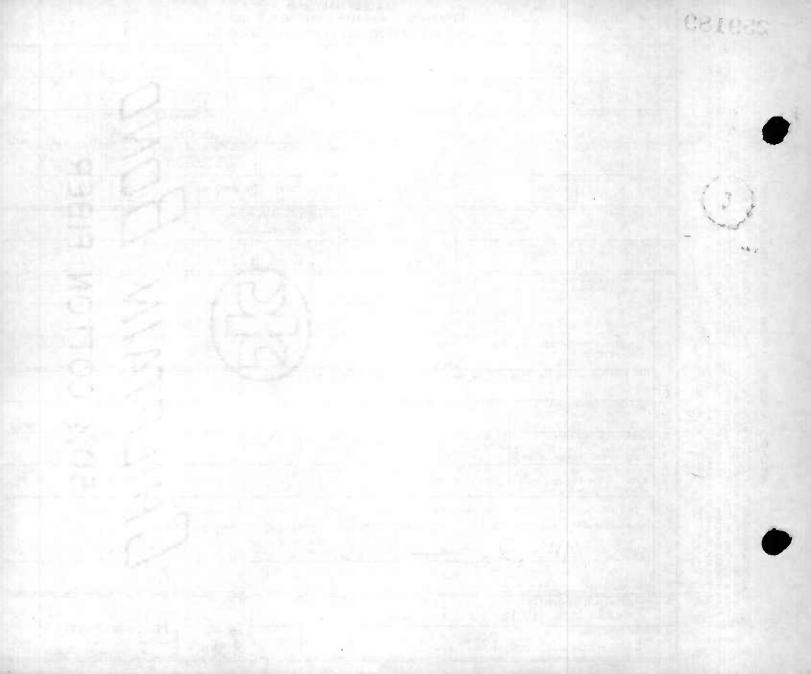
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OCT 1 1985 Juha Davidson-Randson



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1	YES, NO, OR UNKNOWN) (IF YES, I	ARMED FORCES?			17. INFORMANT		ADDRESS	***	
	NO		218-01-	3095	Lir.Joser	n Curtis	1551 1	rgyle	Ave.
	18. CAUSE OF DEATH (Enter PART I DEATH WAS CAU	ISED BY.			10/80			APPROX BETWEEN	ONSET AND DEATH
DECEASED NAME FIRST MODIE LAST 20 DATE KNOWN MONTH DAY VE. OF ESTI DEATH MATED 9 11 19 8									
100	19a, DATE OF OPERATION	TINK COND	ITION FOR WHICH OP	FRATION W	AS PERFORMED?			I 2D ALITO	ADCV2
45		17.0.00710	more or trujen or		AO FERI ORINED.			197	
SALCERY		HOUR A./	M. MONTH DAY YE	AR 21c. Ho	OW INJURY OCCURR	ED JENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR		LI NO LA
MEDI						CITY OR TOWN		COUNTY	STATE
7	death resulted fram: N	atural causes .	Accident ,		Hamicide , TITLE (SPECIFY) D. Assistar	Undetermined manuation	ner , DA1	TE 9-12-	
4	(TYPE OR PRINT)						alto., M	ID 21201	L
	(SPECIFY)Burial				Park Park	Balti	nore		STATE
178		FH 1 200 ES	McCullo	h St.		1 7 400C	756 REGISTRAR	SSIGNATURE	0.0
				~ ~ •	OLI	10 300	former wanted	on-Nanas	ماتار

STATE OF MARYLAND



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rs ofter deoth

FOR - STATE

3. SEX

REGISTRAR DECEASED NAME TYPE OR PRINT

Female TO BIRTHPLACE (STATE OR FOREIGN North Carolina

230 BURIAL, CREMATION, REMOVAL

BURIAL

24 FUNERAL DIRECTOR

23b DATE

9/13/85

Wm C March F/H Inc. 1101 E North Avenue

Kathleen

4. RACE

DEPARTN	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENES 5 2 5 6 0 9
MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
E.	Thompson	September 7, 1985
	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
lack	MONTH DAY YEAR 3 31 23	MONTHS DATS HOURS MIN.
OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
S.A.	WIDOWED X DIVORCED	BALTIMORE CITY, MD.
	G HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION 126 KIND OF BUSINESS OR 174PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
130. CITY OR TOWN Baltim	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 210 N. Chester St. 21231
Wyche LAST	Georgia	ME MIDDLE LAST
16b. SOCIAL SECUI 240-34-		ompson 1113 Webb Court
per line for 101, (b), one	Imwary arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2.1
O, OR AS A CONSEQUE	NCE OF John / Vent. 1	tupy thomas 30'
o, or as a conseque	/ 0.	thy 20yrs
IS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 110
ONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sum \) NO \(\sum \)
AE OF INJURY R. A.M. MONTH DA P.M.	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ACE OF INJURY AE STREET FACTORY OFFICE, FA	211. LOCATION	CITY OR TOWN COUNTY STATE

Baltimore,

250 DATE REC'D BY REGISTRAR 256 REGISTRAR SON

Md STATE

O CITY OR TOWN OF DEATH 11. NAME (IF NOT BALTIMORE 210 ASUAL RESIDENCE (IF NURSING HOME OR OTHER INSTIT 13b COUNTY Maryland 14 FATHER'S NAME MIDDLE Squire 160 WAS DECEASED EVER IN U.S. ARMED FORC IYES NO OR UNKNOWN LIF YES, GIVE WAR OR DAT NO 18 CAUSE OF DEATH (Enter only one cous PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE T Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE T underlying couse PART 2 OTHER SIGNIFICANT CONDITION CERTIFICATION 190 DATE OF OPERATION 19b C 71a. ACCIDENT WAS UNDERLYING HOU OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PL NOT WHILE AUG 20 22a.L certify that (!) (this hospital) attended the deceased from _. that III (we) lost sow the deceased alive of and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS pole M.D.

23¢ NAME OF CEMETERY OR CREMATORY

Balto. Nat'l Cem.

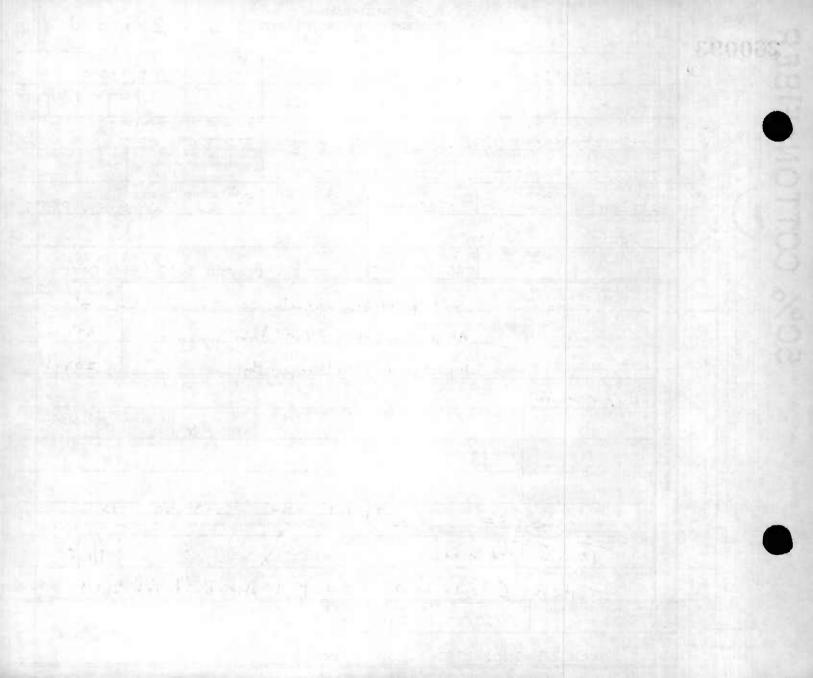
DHMH - 16 60M 7/84 (VRA 15, 4)

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funeral director, page 3 thin 72 hours after death

0006	FOP.	
0000	TOK	DEPARTMENT

TATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	de	5	0	1	V
G. NO					1

REGISTRAR							REG. N	0		7
1 DECEASED NAME	FIRST	M	IDDLE	į.	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TIPE ORPRINT)	ROBERT	F		TH	URSTON		SEPTEMBER	22,	1985	2;30A "
3. SEX		4 RACE		5. DATE O		YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.
MALE	SE 99	WHITE	3	JUN		1908	77	YRS		HOURS MIN.
To. BIRTHPLACE (STATE	OR FOREIGN	Th CITIZEN OF V	VHAT COUNTRY?	8	XX NEVER /	AARRIED [9 BALTIMORE CITY O	R COUNT	TY OF DEATH	
VIRGINI	A	U.S.	Α.	WIDOWE		VORCED	BALTIMORE	CI	ΓY	J.M.
BALTIMO	Section 1997		OSPITAL, NURSING STREET GOUTH G				120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O SALESMAN			RANCE
MARYLAND	136 COUN	TY	BALTIMOR	VN	13d. INSIDE C	ITY LIMITS?	13e.STREET ADDRESS . 319 S. GI			223
CHARLES	۸	AIDDLE	THŮŘST	NO	15 MOTHER"	FIRST UN	1 K N O W N		LAS	57
168 WAS DECEASED E		MED FORCES?	166 SOCIAL SECU	JRITY NO	17 INFORMA	NT	ADDRE	SS		COLE S
NO			216-09-7	687	GLADYS	THURST	ON 2809 G	EORGI	A AVENU	E 21227
Conditions, if gove rise to couse (a), so underlying co	ony, which immediate toting the ause last	DUE TO, OR (c) ONDITIONS CO	AS A CONSEQU	ENCE OF	NOT RELATED	TO THE TERMI	INAL DISEASE OR CON 200 AUTOPSY? YES NOT	DITION G	ES, WERE FINDING CAUSES	NGS USED
		21b. TIME OF HOUR A.A	M. MONTH D	AY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUI			
21d INJURY OCC		21e PLACE C			211 LOCATIO	DN	CITY OR TO	wN	COUNTY	STATE
saw the dec	eased alive on_	al) attended the		, an	d that in (M)	(our) opinian o	, ta			
22d. PHYSICIAN"	S NAME (TYPE OR	PRINT	9	IM	22e ADDRES		MEDICAL STAI	IAN 🗌	9/8	3/85
Dr. Pau	1 Gorme				Oncol	ogy Dep	artment: St	. Ag	nes Hosp	oital
230. BURIAL, CREMATIC	ON, REMOVAL	23b. DATE			EMETERY OR		23d LOCATION CITY OR TOWN		COUNTY	STATE
BÜRTAL		09-25-	85 LO	UDON I	PARK CEI	METERY	BALTIMORE			MARYLAN

DHMH - 16 60M 7/84 (VRA 15, 4)

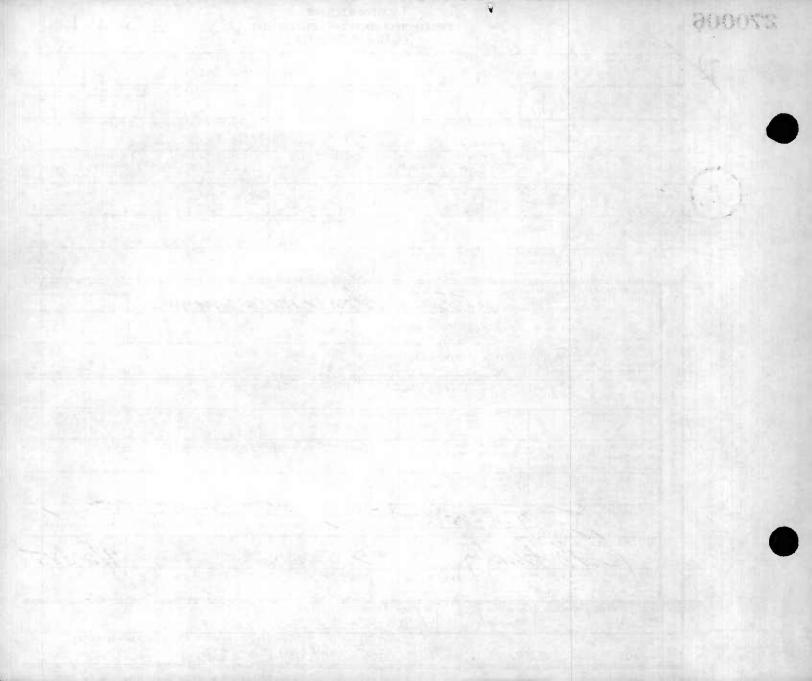
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbanapers. P

should be detached for use as the burial-transit permit. Then please remove a with the State Dept, of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traum:

24 FUNERAL DIRECTOR HUBBÄRD FUNERAL HOME, INC. 4107 WILKENS AVENUE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

REGISTRAN			REG. NO.	The state of the s
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR A
HEST	ER	TIMMONS	SEPTEMBER 30, 1	985 5:30 A
3. SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	Black	11 27 18	66 YRS.	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8 MARRIED NEVER MARRIED	- 9 BALTIMORE CITY OR COUNT	Y OF DEATH
Unkn.		WIDOWED X DIVORCED		MD
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	L, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
BALTIMORE /	TOHNS HOP	GIVE STREET ADDRESS) KINS HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING	INDUSTRY
USUAL RESIDENCE (IF NURSING FOM	OR OTHER INSTITUTION GIVE RESIDE	ENCE BEFORE ADMISSION)		
Md.	Balt	to. YES NO T	5? 136 STREET ADDRESS / ZIP COD	
14 FATHER'S NAME	Dal	15 MOTHER'S MAIDEN		. C 2123.C
FIRST	MIDDLE	LAST	MIDDLE	LAST
160 WAS DECEASED EVER IN U.S.	Timmons	S Ruth	ADDRESS	Spence
(YES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)		ADDRESS	
Unkn.	238-	-16-2000		
18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU	only one couse per line for to			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IATE CAUSE (o)	HYPOTONSION		MINUTES
11/20	DUE TO, OR AS A CO	ONSEQUENCE OF)	14016 0 005	11
Conditions, if any, which	((b)	CARDI O PULMUL	JARY Arrest	MOUYS [~2
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CO			Hours (~2
underlying couse lost.	(c)	ASPIRATIO	o N	Mours (~2
	T CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELATED TO THE T	TERMINAL DISEASE OR CONDITION GI	VEN IN PART 110
o Alcoholic	NEPATITIS			
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1% CONDITION FO	R WHICH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
				ES NO
	110110 1111 1101	NTH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF	DEATH	19		
21d INJURY OCCURRED	21e PLACE OF INJUR	RY 211 LOCATION	CITY OR TOWN	
MHILL D NOT WHILE D	(AT HOME STREET, FACTOR	RY, OFFICE FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
-	spital) alterded the decease	ed from 9/23 19	85 10 9/30	10 75 that (1) 20 lost
sow the decementalive	9/30		nion death occurred on the date and ha	our and from the causes stated
22h SIGNATURE	not view the body after des	DEGREE		22¢ DATE SIGNED
120	7 10/	ATTENDIN		9/20/3
27H. PHYSICIAN S NAME TO	portifly	PHYSICIA 220 ADDRESS	N DIRECTOR PHYSICIAN	1/30/0
1111	1. Color	ZZII. ADDRESS		
MAKN	LEVITSKY	600 N.	WOIFE ST #	-21205
230. BURIAL, CREMATION, REMOV	AL 23b. DATE	23¢ NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	COUNTY STATE
Removal	10/2/85			

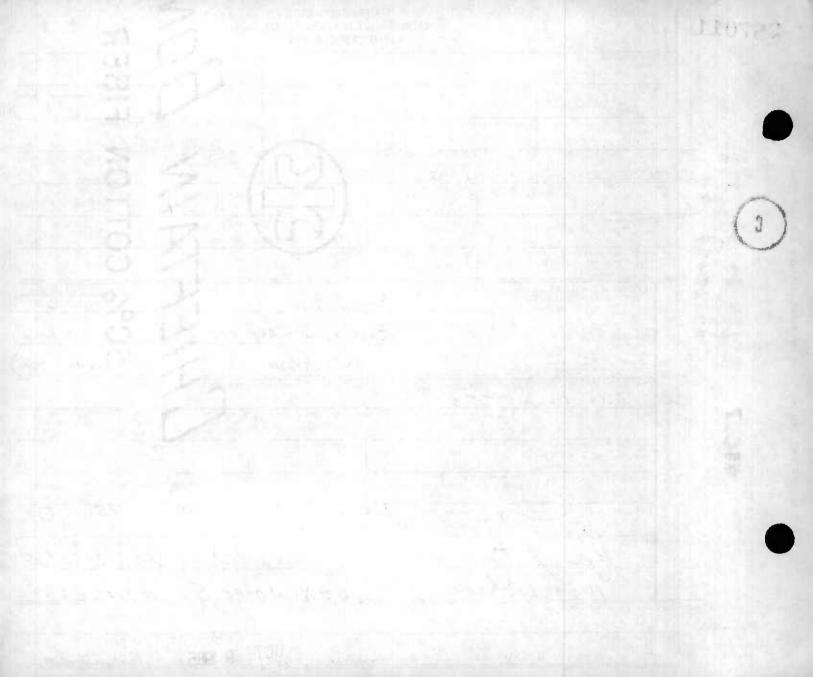
DHMH - 16 60M 7/B4 (VRA 15, 4)

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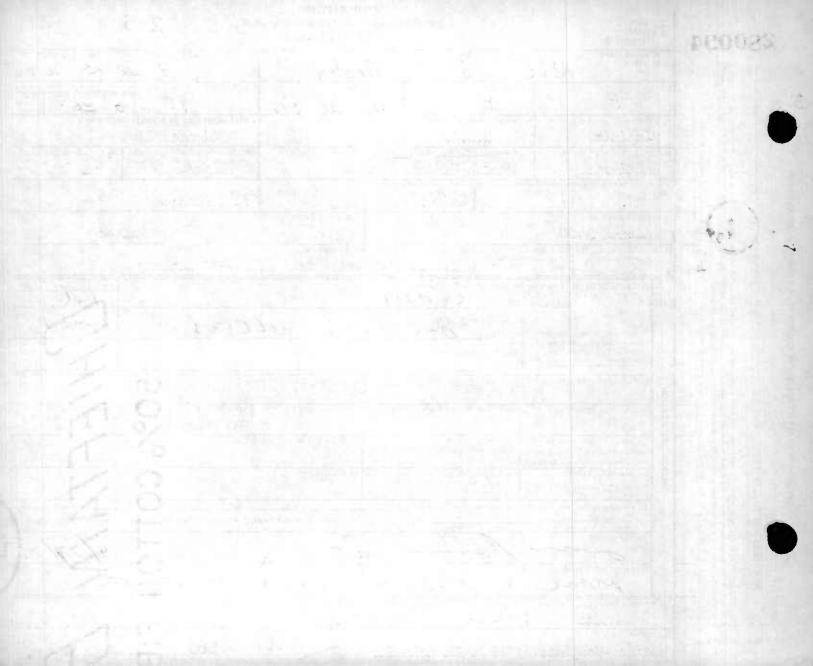
24 FUNERAL DIRECTOR

ADDRESS Balto., Md. 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

" lin Navidna Randass



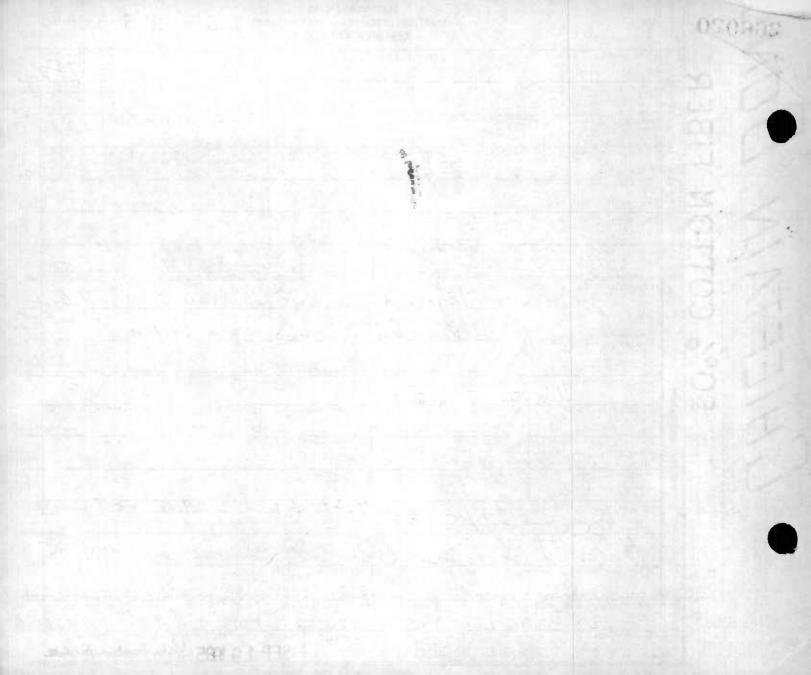
	١,	FOR STATE			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTA		8 5	2 5	6	2
280094	I. DE	REGISTRAR CEASED NAME	FIRST /	CERTIFICATE OF DEATH					43 4 4 4 4			2h HOUR
e 4 may be ctar, page 3 s after death	3. SE		Addie	RACE B	71 .	5. DATE C		R	AGE (IN YEARS LAST BIR	me me	FUNDER I YEAR	IF UNDER 24 HR
death. Pag	U	RTHPLACE (STATE OR F		u.	WHAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	9.1	Baltimore city o	R COUNTY C		
by the fundified within	E	altimore		Deato	n Medica	l'Cen	OR OTHER INSTITUTION		PE OF WORK FOR MOST ON NUTS C		INDUSTRY .	ical
2 hou	13a.	Md.	136 COUNTY	THER INSTITUTION, Y	134 CITY OR TOV	e admission) VN	13d INSIDE CITY LIMI		street address 1320 Clara	way	212	13
- Chilo		Albert Smi	th	DDLE	LAST		15. MOTHER'S MAIDE	EN NAME	WIDDLE		roll LAST	
ote bresson ysicron onth apers. Fode vol.		WAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES, GIVE W		16b. SOCIAL SEC		17. INFORMANT Leesetta S	Smith	4320 Lar			
physical on paper emand.		18 CAUSE OF DEATH PART I. DEATH W	Enter only AS CAUSED I		S (- P)	s/S					BETWEENO	NATE INTERVAL
that the death costs of by the attending cost remove cart all, cremation, or rother troumatic		Canditions, if any, gove rise to imm cause (a), stating underlying cause	ediote		R AS A CONSEQUE		1715	VL	CERS		3 M	05.
y, o	NO	PART 2. OTHER SIGN	IFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	ETERMINA	L DISEASE OR CON	DITION GIVE	N IN PART 1:a	,
he law r oon. has bee it permit.	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES. IN CERTIFY YES. NO.						WERE FINDIN ING CAUSES	GS USED OF DEATH? NO [
g physical physical physical physical promotion of the physical ph		21g. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	21b. TIME C HOUR A. P.	M. MONTH D	AY YEAR	21c. HOW INJURY O	CCURRED	(ENTER NATURE OF INJUI	RY IN ITEM 18 PAI	RT OR PART 2)	
DING PHYSICIAN. The law require or attending physician. After this certificate has been signed of the buriol-transit permit. There alth and Mental Hygiene prior to the marked or term 18 shows any injur	MEDICAL	21d. INJURY OCCURR	us 🗇	21e. PLACE	OF INJURY REET, FACTORY, OFFICE	FARM, ETC }	21f. LOCATION STREET	X ₁ , y	CITY OR TO	WN	COUNTY	STATE
ATTENDIA cospital or ECTOR: A ed for use of of. of Health		22a.1 certify that (1) (this hospital) attended the deceased fram										
AL OR AL DIR etacher te Dep		0		10	~		ATTENDI PHYSICI	ING A	AEDICAL STAI		9/2	9/7
Sto d Sto	1	22d PHYSICIAN'S NA	ME (TYPE OR P	M(IM)								
TO HOSPITAL retained by the TO FUNERAL should be deformed the March the State IMPORTANT: H	230	22d. PHYSICIAN'S NA	rc	S. 23b. DATE		VE W	/ 2 7	CORY I	23d LOCATION	- 5	7.	



DHMH - 16 60M 7/84 (VRA 15, 4)

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE

SFP 1 0 1095 Schie David



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	eath. Po	n 72 hou	of Orce.
10	s after d	by the fu	notified
ND 212	24 hour	filled in I	myst be
MARYLA	od within	npletely and 2 sh	xogniner
MORE, 1	e execute	Tudo.	Media
r., BALT	ificate bi	4	1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending pur can and ampletely filled in by the funeral director, page 3 should be detacled for use as the burieful pross removed carbon through be detached for use as the burieful prosser among the prosper and the case of the little of Mannel Havingara page 10 burieful promotion or term to be a considered to the case of the page 10 burieful promotion or term to be a considered to the page 10 burieful promotion of the page 10 burieful promotion or term to be a considered to the page 10 burieful promotion or term to be a considered to the page 10 burieful promotion or term to be a considered to the page 10 burieful promotion or t	MINITED STATE CAPITAL STATE OF THE TIER THE STATE OF THE TROUMDING COMMENT OF THE STATE OF THE S
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AL RECO	he law r	has bee	ows any
OF VIT	ICIAN: T	ertificate iol-transi	em 18 sh
IVISION	JG PHYS	ter this c	rked or h
	TTENDIN pital or	for use o	21 is ma
	ALOR A	At DIREC	T: If Hem
	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the haspital or attending physician.	FUNER ould be d	PORTAN
	7 e	D 42	₹-

270011	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF H CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	561
oge 3	(TYPE	CEASED NAME FIRST OR PRINT) Regina	MIDDIE	Todd	AST	20. DATE OF DEATH MONTH September 21 6. AGE (IN YEARS LAST BIRTHDAY)	1985 10:05P
ge 4 mar ector, po	3. SE	F	4. RACE B	5 DATE C	T BIRTH DAY 19 10	75 YRS.	MONTHS DAYS HOURS MIN.
by the funeral dir.	₩h	RTHPLACE (STATE OR FOREIGN Md ite Plains TY OR TOWN OF DEATH ltimore	76 CITIZEN OF WHAT COUNTI U.S.A. 11. NAME OF HOSPITAL, NUE (16 NOT IN SUCH FACILITY, GIVEST Maryland Ger	MARRIED WIDOWE CONTROL OF THE CONTRO	R OTHER INSTITUTION	9 BALTIMORE CITY OR COUNT Baltimore Ci 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	ty MD 12b. KIND OF BUSINESS OR
rtely fulled in 2 should be giner fust be	USU. 130 S Ma	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUNTY 12 NAME	OTHER INSTITUTION GIVE RESIDENCE BE	OWN	13d INSIDE CITY LIMITS? YES K NO 1 15. MOTHER'S MAIDEN NA	13e STREET ADDRESS / ZIP COI 1422 Argyle	
w pan wall	Ióa V	jor VAS DECEASED EVER IN U.S. AR	Holme	ECURITY NO.	Annie 17 INFORMANT Camillia I	ADDRESS	aple La.
to that the death certificate ed by the attending proplease remove carbonization, or remove carbonization, or an other traumatic expension.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	D BY. E CAUSE (o) Sepsis DUE TO, OR AS A CONSE (b) Respira DUE TO, OR AS A CONSE (c)	OUENCE OF ATORY F			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Five Days
he low require on. Permit. Then reprint to but ows any injury	CERTIFICATION	19a, DATE OF OPERATION	196. CONDITION FOR WH	VIII 19-1		IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? /ES \(\) NO \(\)
S PHYSICIAN: TI stending physician rethis certificate the buriol-transition and Mental Hygi sed or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE		19	211. HOW INJURY OCCURI 211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2) COUNTY STATE
t OR ATTENDING the haspital or o t DIRECTOR: Afte trached for use as to Dept. of Health : If them 21 is mork		220.1 certify that 30 (this haspi	view the body ofter death.	9 <u>05</u> , or	d that in May) (our) apinion DEGREE ATTENDING PHYSICIAN	no September death accurred on the date and he MEDICAL STAFF DIRECTOR PHYSICIAN	2 lb 85, that M (we) lost pur and from the causes stated 272. DATE SIGNED 9/22/85
TO HOSPITAL retained by to to FUNERAL should be deter with the State MAPORTANT:	730 1	THE PHYSICIAN'S NAME INVIDENTIAL CREMATION REMOVAL	Han ?	N.D	22e ADDRESS	and General Ho	SEMENT
BP_2/		SPECIFY)			lvery Cem.	Anner Arunde	1 Co, Md.

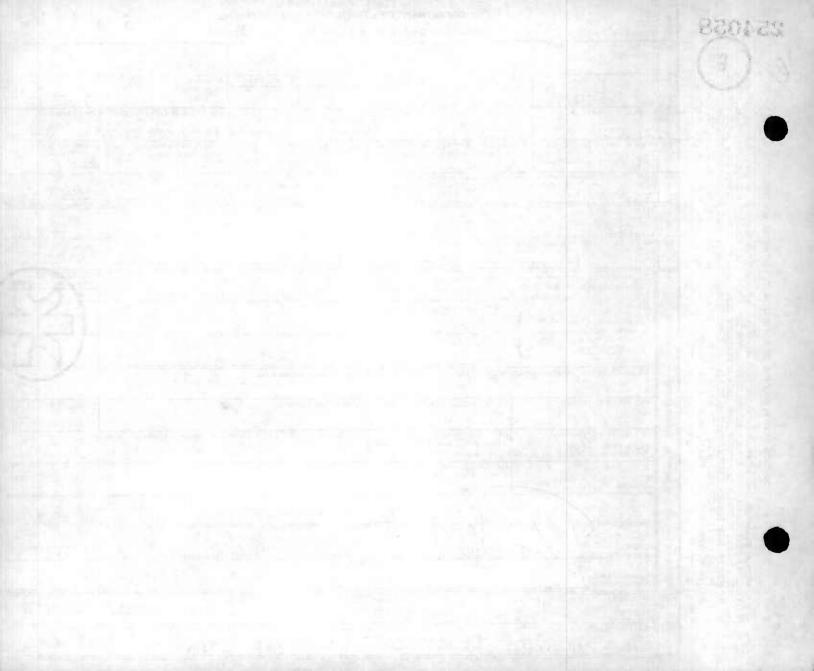
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
W.C. March F/H

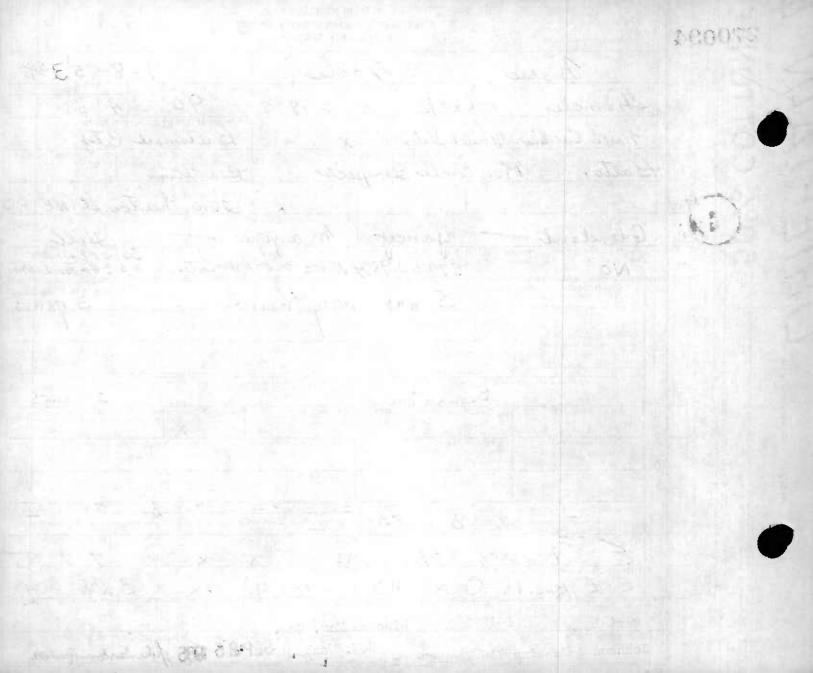
1101 E. North Ave.

750. DATE REC'D. BY REGISTRAR 756, REGISTRAR'S SIGNATURE
SEP 25 1985

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE ... 254058 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME FIRST O. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Harrison 9 Tonque 7 1985 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 24 HOUR DATE PRONOUNCED 2:15 AUG. 23 1929 DEAD 156 7 1985 MALE WHITE 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED XX Baltimore City, U.S.A. WIDOWED MARYLAND 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) SELF ROOFER Baltimore St. Agnes Hospital SUAL RESIDENCE (IF IN NUMSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE 36 COUNTY 13c. CITY OR TOWN NO [X 6099 HANOVER ROAD 21076 HANOVER MARYLAND HOWARD 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST KELLY ESPST TONGUE LILLIAN HARRISON 17. INFORMANT ADDRESS 160/ WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 6099 HANOVER ROAD 21076 216-28-7564 CORINNE DREHER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III FICATE, WRITING THE WORD "FENDING FICE CHIEF MEDICA FICE: PAGE 3 SHOULD BE USED AS B THE STATE DEPARTMENT OF HEALTH UAND, 21201 PRIGR TO BURIAL, CHEMA 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO X YES . 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PACE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PACE 3 AFTER DEATH, WITH THE STATE DE BALIJIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE COUNTY WHILE NOT WHILE Inspection X 22s I certify that Mook described obove, held of Autopsy Inquiry ond in my opinion Homicide Undetermined monner death resulted from TITLE (SPECIFY) ACTUAL Acting Chiefedical EXAMINER 9/8/85 SIGNATURE EXAMINER'S NAMI Thomas D. Smith, M.D. 111 Penn St. Balto.MD ADDRESS (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23g BURIAL, CREMATION REMOVAL 23b. DATE HOWARD MARYLAND SPECIFY FIKRIDGE MEADOWRIDGE MEM. PARK 9-11-85 BURIAL 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 21229 **DHMH - 17** HUBBARD FUNERAL HOME, INC 4107 WILKENS AVENUE (VR A15 ME (5))

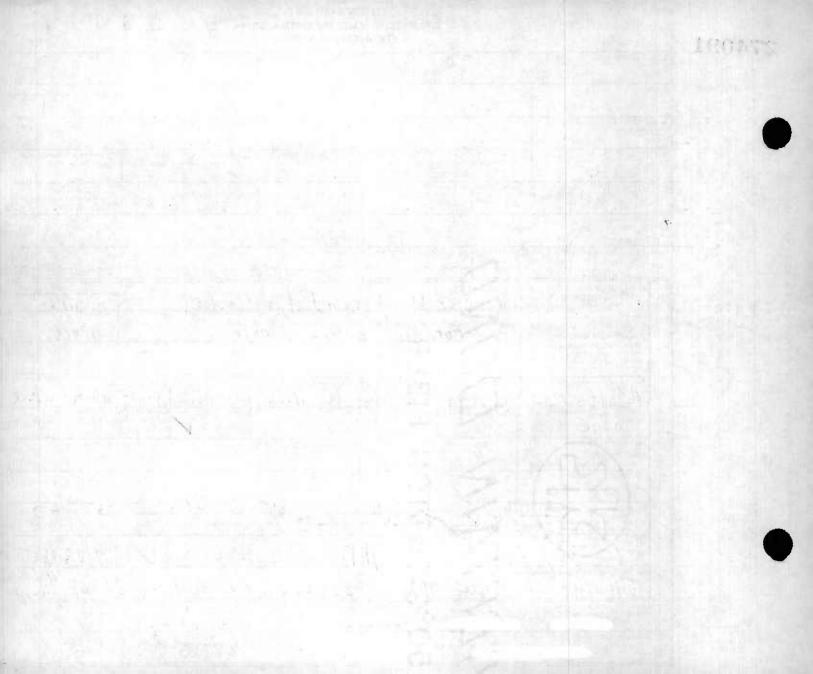


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	27009	94	1.	STATE REGISTRAR		EALTH AND MENTAL HYGI ICATE OF DEATH	0 4	3 0 1 0
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1	ge 4 moy ectar. pog		3 SE		Tack 5. DATE O	F BIRTH DAY P 18495	6 AGE (IN YEARS LAST BIRTHDA	
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102	by the fu	90	10 C	Palto. Pey C	HEACILITY, GIVE STREET ADDRESS)	ROTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Beautitan	ORKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY
AND 21:	filled in	77	130. 5	ERESIDENCE (IF NURSING HE ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE ADMIR TO ALL 13c. CITY OR TOWN	YES NO	30. STREET ADDRESS LO	wton St. NE DI
BALTIMORE, MARYLAND 2	angle angle	1	1	e leveland MIDDLE	Yancy	15. MOTHER'S MAIDEN NAM FIRST AGGE FIRST	WIDDLE MIDDLE	Hill
TIMORE	be execu	3		AS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	577-50-7874	17 INFORMANT LANGE -> EVA,	marie butler	25.3 Hya Tsville, MA
ST.,	ertificate ig physici son paper removal.	event, th		18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Sinus	arry thme	à	BETWEEN ONSET AND DEATH 3 UPGETS
W. PRESTON	he death c he attendir emove carl	r froumafic		Conditions, if ony, which gove rise to immediate	R AS A CÓNSEQUENCE OF			/
201	ned by t please r urial, cre	r, ar othe		underlying cause lost (c) PART 2. OTHER SIGNIFICANT CONDITIONS CO	R AS A CONSEQUENCE OF	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITI	ON GIVEN IN PART 110
ORDS,	requir	Control	TION	De	meytia			3 4 8955
AL RECO	he law on. has be t permi	Z	CERTIFICATION		TION FOR WHICH OPERATION		YES NO NO	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
DIVISION OF VITAL RECORDS,	SICIA ng ph certifi certifi certifi	9	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING	M. MONTH DAY YEAR M. 19	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN	ITEM 18 PART (OR PART 2)
DIVISIO	- C C	orked or	MED	AT WORK AT WORK	EET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	ATTEND ospitol o ECTOR: v d for use	m 2 15 m		22a. I certify that (1) (this haspital) attended the saw the deceased alive an above, (1) (we) (did) (did not) view the body	9- 19 85, one	Water Street,	eoth occurred on the date of	nd hour and from the causes stated
	by the high results of the	£		22b. SIGNATURE Ellsworth	Cook)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 9-9-85
	of HOSPI	MA I	-	7/0::01111	ook MD	243/M	d. are.	Balto. >17/8
9	GBP 31	14		JRIAL, CREMATION, REMOVAL 23b. DATE PECKY) Burial 9-12-1		Mem. Cem.	Suitland	COUNTY STATE
1	DHMH - 16 50M 1/ (VRA 15, 4)	31		NERAL DIRECTOR Ohnson & Jenkins 716 k		Wash SE		ha Davidson Pandall



UNION OF VITAL RECORDS, 201 W. PRESIONS 1., BALLIMORE, MARITANO 21201	40SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may Ened by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page ald be detached for use as the burial-transit permit. Then please remarve carbompapers. Pages and 2 should be filed within 72 hours after decented State Dept, af Health and Mental Hygiene prior to burial, cremation, ar remaval.
	10S	the the

7409	1		FOR STATE REGISTRAR	· DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIEN 6 5 2	5 6 1 /
			CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
tar, page 3 after death			WILBEI		TORAIN	9	20 85 M
ar, p		3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
recto urs o			Male	Black	8 9 32	53 YRS.	The state of the s
oth. Person of 72 ho	3	7a. 8	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED T NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
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rs after by the f filed witl	e C		Balto.	1737 Pennsylv	vania Ave.	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
24 hour filled in ould be	ES S	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	PROTHER INSTITUTION GIVE RESIDENCE BEFOR INTY 13c. CHTY OR TOV Balto	VN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1737 Pennsyl	21217 vania Ave. 212
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o e execu	med		Unkn.	231-36	-6625 Joanna O	wens 4423 Old	Frederick RD
ertificate b g physician ampapers. remaval.	matic event, the		PART I. DEATH WAS CAUS	inly one couse per line for (a), (b), or ED BY: ATE CAUSE (a) Drobable	e myocardial i	nfarction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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hot the de by the att ose reman	other trau		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF	291-C	904/3
requires t	ny injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT Adult onse:	CONDITIONS CONTRIBUTING TO TIPE CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM ELLITUS PERSONNED	I vascular diseas	en in part has e alcohol abuse were findings used
he lav ian. has b	2	7	none	THE CONDITION FOR WHICH	TOPERATION WAS PERFORMED		YING CAUSES OF DEATH?
physici physici rrificate al-transi tal Hygi	9 9		21a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
PHYSic trending r this ce the burie	ed or Ite	MEDICAL	IF EITHER NOTIFY MEDICAL EXAMINE 216 INJURY OCCURRED WHILE NOT WHILE	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ENDING rol or o DR: Afte ruse os Heolth	If Hem 21 is marke			attended the deceased from	9/13 19 85		19 St., that the last
toched for Dept. of			obove, 44 ((vg) alm) Girl m	of view the body offer death.	DEGREE ATTENDING	death occurred on the date and hou	221. DAJE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detained with the State.	A A A	H	220 PHYSICIAN S NAME (IPE	ORPRINT)	22e ADDRESS	Aug Prit Pad	71701 md GG
shoots vit	₫ ¥		URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 9/26/85	NAME OF CEMETERY OF CREMATORY Mem. Pk	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	- 3			3/20/03	Eastview	Baltimore	Md.
DHMH - 16 50M 1/ (VRA 15, 4)	81		CamMarch F/H	Inc. 1101 Es	North Avenue	TE REC'D, BY REGISTRAR 256. SECIST	RAD'S SIGNATURE Davidson-Handell



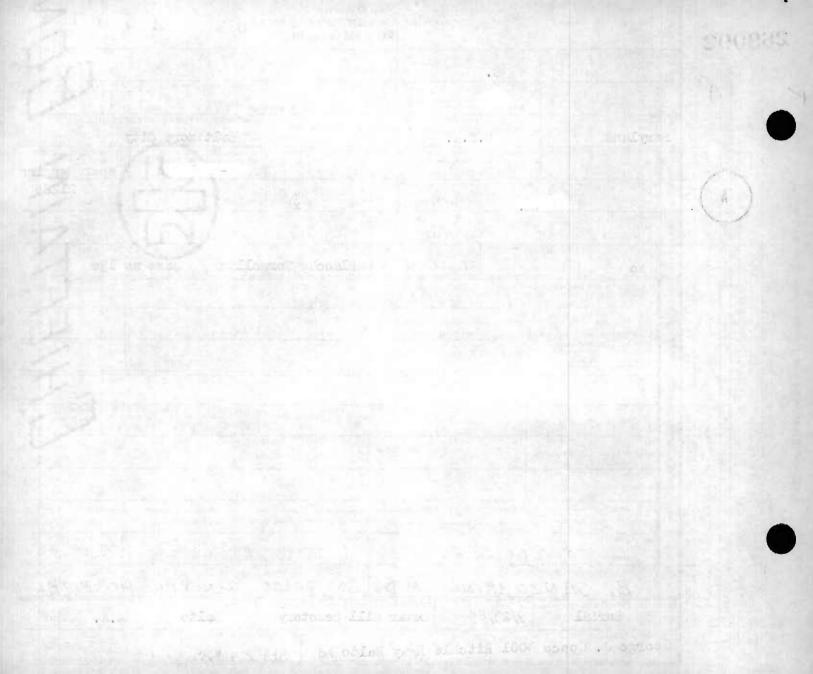
STATE OF MARYLAND FOR STATE REGISTRAR

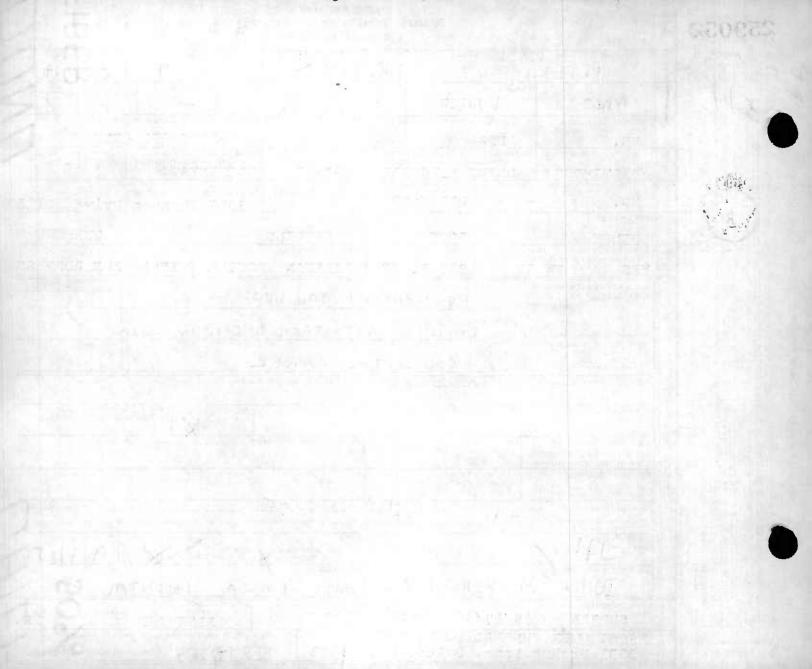
DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

5	2	5	6	1
REG.	NO.			

		OR PRINT			4		20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	
	(,,,,,	JOHN	S.	Tormal	/AN		9-19-3	5		11:20 pr	
1	2. SEX		4 RACE	5. DATE C			6 AGE (IN YEARS LAST BIR		F UNDER 1 YEAR		
	1	MALE	White	MONTH	DAY 10	1901	84	YRS	ONIHS DATS	HOURS MIN.	
1	7s. 80	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8			9 BALTIMORE CITY O		OF DEATH		
2]	Ma	aryland	U.S.A	MARRIE WIDOWE	D NEVER	VORCED T	Baltimo	re Cit	y	MD.	
0	TO CI	TY OR TOWN OF DEATH		AL, NURSING HOME		NOITUTION	120 USUAL OCCUPATI		126. KIND C	F BUSINESS OR	
1	B	altimore	Boun BA	Ly, GIVE STREET ADDRESS)	ral He	SP	Self-Emplo	r working life) v ed		Hanging	
2		L RESIDENCE (IF NURS	OTHER INSTITUTION, GIVE RE		. , , .	ITV I III ITCO				21225	
2		nd A		ALTIMORE	13d. INSIDE C	NO K	30 STREET ADDRESS	3 rd	AU e		
4	II.FA	THER'S NAME			15 MOTHER'S	MAIDEN NAM	1E		7		
4	1	Charles	MIDDLE TORMO	MAN	Flo	rence	WIDDLE		TO	V	
-		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SC	OCIAL SECURITY NO	17 INFORMA		ADDRE	SS	0101	1.	
4	{Y	ES, NOOR UNKNOWN] {IF YES, GIV	E WAR OR DATES) 210	0-32-4862	Blanc	che Torn	nollan	Same a	s 13e		
1		18 CAUSE OF DEATH (Enter on PART), DEATH WAS CAUSE	ly one cause per line fo	rial, (b), and ic					BETWEEN	MATE INTERVAL ONSET AND DEATH	
П			D BY: TE CAUSE (a) CA	rdio - Pulmer	IATS	Arrest		,			
1					-						
1	2	Conditions, if any, which (16) MEHASTOTIC POOSTATIC CARCINOMA									
		gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF									
		underlying cause last (c)									
1	8	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIB	SUTING TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	OITION GIVE	V IN PART 11		
	CERTIFICATION										
7	CA	90 DATE OF OPERATION	196 CONDITION	OR WHICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		WERE FINDIN		
9	#					YES NOT		NO [
9	770	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM			Y IN ITEM 18 PAR	TIORPART 2)	1		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19			5 10 L T				
П	VED	21d. INJURY OCCURRED	URY TORY, OFFICE FARM ETC.)	211 LOCATIO	N	CITY OR TOWN COUNTY			STATE		
1		WHILE NOT WHILE AT WORK									
1		220.1 certify that (1) (this hospital) attended the deceased from								that (1) (we) last	
		saw the deceased alive an above, (1) (we) (did) (did na	t) view the body after d	19, ar	nd that in (my)	(our) apinion di	eath occurred on the do	ite and hour	and from the	causes stated	
		226. SIGNATURE DEGREE								SIGNED	
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							7-1	9-85	
		22d. PHYSICIAN'S NAME (TYPEOPRINT) 22e ADDRESS									
1		B. SAN	ZOBRINO	O M.D.	50.	BALTO	GENER	AL I	40SF	ITAL	
1		URIAL, CREMATION, REMOVAL		23c. NAME OF C			23d LOCATION		COUNTY	SLATE	
1		Durtar	9/23/85	Cedar H	ill Cem		Balto		A.A.	Ma	
- 6	24 FU	NERAL DIRECTOR				25a. DATE	REC'D, BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	LIDE	
1	Ge	eorge J. Gonce	MACH TOOK	ADDRESS_					ndson-M	1.00	

DHMH - 16 60M 7/B4 (VRA 15, 4)





			STATE OF MARY	LAND
FOR STATE REGISTRAR		DEP	ARTMENT OF HEALTH ANI CERTIFICATE OF	
CEASED NAME	F/RS1	MIDDLE	IAST	

5 0 2 2 HYGIENE

/	REGISTRAR				CERTIT	ICATE OF DEATH	REC	NO.		
	CEASED NAME	FIRST		MIDDLE	L	AST	2a. DATE OF DEAT	Н монтн	DAY YEAR	26 HONR
(ТҮР	E OR PRINT)	Billy		J.	True	esdale	9/2018	2		6237 M
3. SE	Х	3 102	4 RACE		S. DATE C		6. AGE (IN YEARS LA	T BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
	Male			.ack	MONTH	2 54	31	YRS		HOURS MIN.
	IRTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED X	BALTIMORE CIT	Y OR COUN	TY OF DEATH	
	outh Ca	rolina	U.S	A.	WIDOWE		Balti	more (City,	MD.
10. C	ITY OR TOWN O	FDEATH				OR OTHER INSTITUTION	12a USUAL OCCU			F BUSINESS OR
	Baltin	nore		ion Memo		Hospital	(TYPE OF WORK FOR M	OST OF WORKING	LIFE) INDUSTRY	
ÚSU	AL RESIDENCE	NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				21	202
	aryland	13b COUN	TY	Baltim		13d INSIDE CITY LIMITS?	130.STREET ADDRE		DE	
	ATHER'S NAME			Darcin	ore	15 MOTHER'S MAIDEN		ISC NO	I CII AV	enue
	Wade	٨	AIDDLE	Turner		Edith	MIDD	LE	LAS	51
16a \	WAS DECEASED I	VER IN U.S. ARA	AED FORCES?	16b SOCIAL SECU	RITY NO.	17. INFORMANT	JA.	DRESS		
	YES, NO OR UNKNOW YES	N) (IF YES, GIVE	WAR OR DATES)	218-62-	3857	Thomas Tu	rner 4717	' Ivan	hoe Av	enue
	18 CAUSE OF E	TH WAS CAUSED	y one couse per BY: E CAUSE (o)	line for (a), (b), one		Arrest			BETWEEN	IMATE INTERVAL ONSET AND DEATH
	Conditions, if gove rise to couse (a),	immediate stating the	(b)	R AS A CONSEQUE	NICE OF	Danage from	on eculin	Cardi	11	h.
	underlying	ouse lost.	(c)_	Sei	ren	,			10	m
	PART 2 OTHER	SIGNIFICANTO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR C	ONDITION G	IVEN IN PART 1	0
ō N	100	A	lule	About						
CERTIFICATION	19a DATE OF OF	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	INCERT	ES, WERE FINDING CAUSES	
		CAUSE OF DEAT		PFINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF	INJURY IN ITEM 18	PART OR PART 2)	
MEDICAL	21d. INJURY OC	CURRED OF WHILE	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY OFFICE FA	ARM ETC)	216 LOCATION STREET	CITY	DR TOWN	COUNTY	STATE
	sow the de	ceased alive on.	9/20		98 0	nd that in (my) (our) aprini	., 10	e date and ha		that (I) (we) lost
	obove, (I) (-	we) (did) (did not) view the bady	after death.		DEGREE			27¢ DATE	
	2	(3) rug	yen	MS		ATTENDING	MEDICAL DIRECTOR PH	STAFF		0/25
1	22d. PHYSICIAN	'S NAME (TYPE OF	PRINT)			22e ADDRESS				
	Dr.	г. с. т	rages	er		Ur	non Memo:	cial H	Hospita	1

23b. DATE 9/24/85

23¢ NAME OF CEMETERY OR CREMATORY Garrison Forest VA

Owings Mills

Marie

24. FUNERAL DIRECTOR

marked or Item 18 shaws any

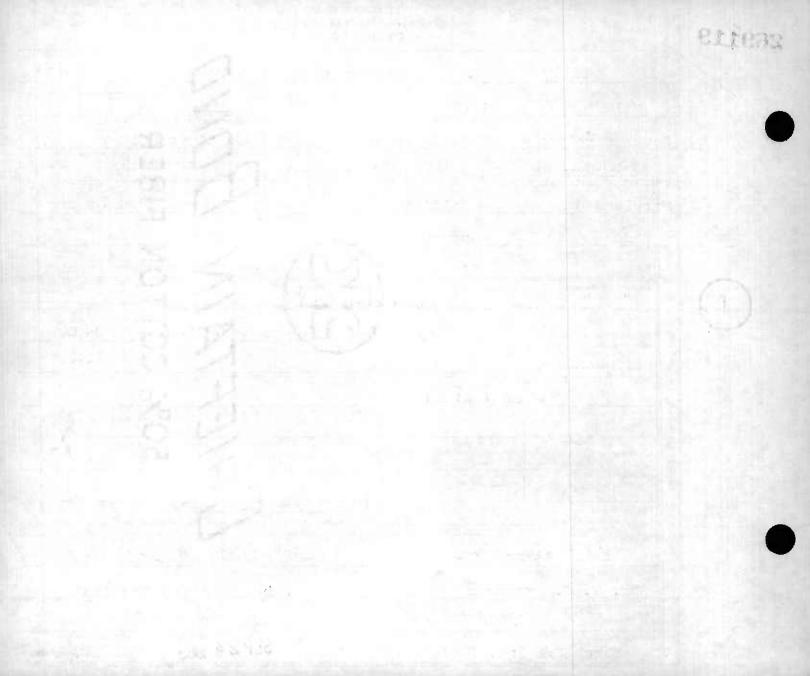
IMPORTANT. If Item 21 is

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

Wm C March F/H Inc. 1101 North Avenue

-- war ason- Handelle

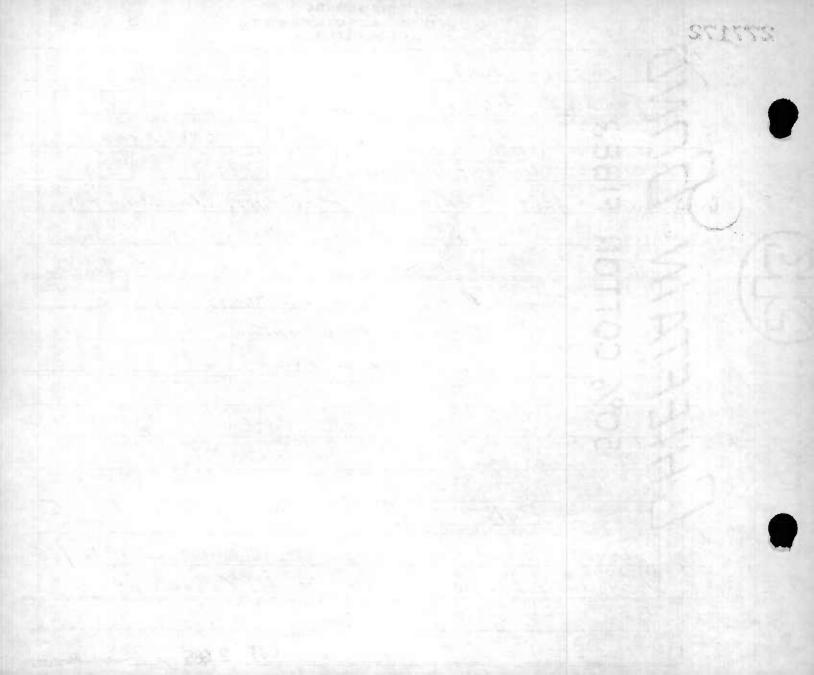


	FOR								
2	1 - STATE	DEPARI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE &	25621				
47	REGISTRAR DECEASED NAME FIRST	WIDDLE	LAST CALL	REG. NO	MONTH DAY YEAR 25 HOUR				
H	(TYPE CHIPRING)	4/4-	Tarles	26 DATE OF DEATH	9 30 85 4.50				
-	20771		1acles12	1 405	10.7				
1	LSEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS				
-	temal2	Black	11 22 10	74	YRS				
口	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY!	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH					
9	Ma		WIDOWED DIVORCED		TIMORE City				
8	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STATE	IT ADDRESS)	120 USUAL OCCUPATION OF OF WORK FOR MOST OF					
Y	L RESIDENCE (IF NURSING HOME			130 STREET ADDRESS /	ZIP CODE AVS 21				
7	SFATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N						
52	David	Mille	Sarah Sarah	MIDDLE	Holmes				
1 16	60 WAS DECEASED EVER IN U.S. A		URITY NO. 17 INFORMANT	ADDRES	SS				
	(YES, NO OR UNKNOWN) IF YES, C	213-01-	9541 John D. Tu	cker Sr. 18	17 Edwardson Ave				
-	T	only one cause per line for (a) (b), or	ad is	0.4. 0.1 10	APPROXIMATE INTERVA BETWEEN ONSET AND DE				
1	7281	DUE TO, OR AS A CONSEOU		HEREST					
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE ACCORDANCE OF THE ACCORDA	JENCE OF HEART FA	ATOMA	DITION GIVEN IN PART 110				
9	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE TO THE ACCORDITIONS CONTRIBUTING TO	JENCE OF HEART FA	ATOMA	206. IF YES, WERE FINDINGS USED				
9	Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE TO THE ACCORDITIONS CONTRIBUTING TO	JENCE OF HEART FAS JENCE OF CERÉBRAL HEM DEATH BUT NOT RELATED TO THE TER	ATOMA					
7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF AS A CONSEQUENCE OF THE PROPERTY OF THE PROPERT	JENCE OF HEART FAS JENCE OF CEREBRAL HEAR DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED 216 HOW INJURY OCCU	ATOMA MINAL DISEASE OR COND 200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YESNO				
7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF AS A CONSEQUENCE OF THE PROPERTY OF THE PROPERT	JENCE OF HEART FA	ATOMA MINAL DISEASE OR COND 200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO				
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DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR
William C. March F/H Inc West 4300 Wabash Ave

OCT



270004	1.	FOR 10-1-85 D. STATE REGISTRAR	W. DEPART	MENT OF HEALTH AND CERTIFICATE OF I	MENTAL HYGIE	NG 5 2	5 6 2 2	
me moy be run. poge 3 uffer death		CEASED NAME FIRST OR PRINTS Baby 61	n/ Tuft.	5. DATE OF BIRTH		20. DATE OF DEATH MONTH 9-7 AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER TYEAR IF UNDER 24 HI	IRS.
death. Pag		Batto MD	b. CITIZEN OF WHAT COUNTRY?		MARRIED 9	Baltimore City or Count	TY OF DEATH	MD.
ors after on by the stilled will be motified	1	MARYLAND	1. NAME OF HOSPITAL, NURSING INFORMATION SUCH FACILITY, GIVE STREET SANIT AGNES	HOSPITAL		26 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS (OR
	13a. S	RYLAND ATHER'S NAME		YES T	NO S MAIDEN NAME		DE Y LANE 21228	_
Popul cond		VAS DECEASED EVER IN U.S. ARM		URITY NO. 17 INFORMA		ADDRESS		
equires that the death certificate in signed by the attending physics. Then please remove carbonapaper to burial, cremation, or removal, injury, or other troumatic event, the	NO	PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEOU	ENCE OF		SCH /J/S	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAL IVEN IN PART 110	<u>IH</u>
hos been permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFO	DRMED	_ IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\bigcap \) NO \(\bigcap \)	
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TENDING ostal or oth TOR. After for use as th of Health or 21 is marke.	W	WHITE NOT WHITE 27 AT WORK 270 I certify that (I) (this haspite and drive and did (did not)	19	, , , , , , , , , , , , , , , , , , ,		. toath occurred on the date and he		lost
TO HOSPITAL OR A: retoined by the hosp TO FUNERAL DIREC should be detoched ! with the Stote Dept !	(724-PHYSICIAN'S NAME PRE OR	Singues !			MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 9-18-85	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	9/23/85 23c.	NEW CATHE		BALTIMORE,	1D.21229 STATE	
DHMH - 16 50M 4/83 (VRA 15, 4)	24 Ft	INERAL DIRECTOR NAME HUBBARD FUN	'L HOME BALTO	.,MD.21229	l eff	REC'D. BY REGISTRAR 250. REGI	STRAR'S SIGNATURE	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



STATE OF MARYLAND

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ł		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST VE /4		-	AST カグマ	20. DATE OF DEATH MO	LA 28 198 1118 p
	3. SEX		4. RACE	S. DATE CO		6. AGE TIN YEARS LAST BIRTHO	AY] IF UNDER 1 YEAR IN UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
1		Maryland	4:	WIDOWE	DINEVER MARRIED DIVORCED	Baltimore city or c	ore of the MD.
	10. CIT	Bal - Leath		H FACILITY, GIVE STREET ADDRESS)	redic Catr	17g. USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WO	
177.7	30. S	Named Bil		GIVE RESIDENCE BEFORE ALMISSIONS 131. CITY OR TOWN BCITTON	13d. INSIDE CITY LIMITS? YES NO []	130 STREET ADDRESS / ZI	PCODE OU Eactor Ave
2		THER YNAME first obert	MIDDLE	Fowlkes	15. MOTHER'S MAIDEN NA/ No ra	WIDDLE	Bouldin
1		VAS DECEASED EVER IN U.S. ARI (IF YES, GIVE	MED FORCES? E WAR OR DATES!	166 SOCIAL SECURITY NO. 216-10-4214	Gwendolyn Ev	vans 15 South	Lane
		Conditions, if any, which gove rise to immediate cause 101, stating the underlying couse lost.	D BY: E CAUSE (0) DUE TO, OI (b) DUE TO, OI (c)	RAS A CONSEQUENCE OF WAS SEP!		arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LEFT HOW
	CERTIFICATION	PART 2 OTHER SIGNIFICANT C		ONTRIBUTING TO DEATH BUT		20a AUTOPSY? 20	ION GIVEN IN PART TO III. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO NO NO NO N
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DAY YEAR	21c HOW INJURY OCCURR	RED ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e. PLACE ((AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC]	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a.1 certify that (1) (this haspr saw the deceased alive an above, (1) (we) (did) (did no		19, or	nd that in (my) (our) opinion o	death occurred on the date	. 19, that (I) (we) lost ond hour and from the causes stated
		27b. SIGNATURE Com	\$ J.	Commits'	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	27. DATE SIGNED 9-28-85
		Robert	F. C	Commito	22e ADDRESS		
	23a B	LIRIAL CREMATION REMOVAL	23h DATE	23r NAME OF C	EMETERY OR CREMATORY	23d, LOCATION	

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

MPORTANT: If He

Burial

FOR STATE

FUNERAL DIRECTOR

Bailay-Douglass 1348 N. Calhoun St.

Oct. 3, 85 Cedar Hill Cem.

Anne Arundel

Md.

2500 ATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
3 1985 Julia Davidson-Rondolle

SECOPS was a larger warm of the County

- STATE

Zephier ADDRESS 215-03-2086Lois M. Pistorio, 2303 Pentland Drive Apt. 601, Balto., MD 21234 APPROXIMATE INTERVAL Obstruction Jung Disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY and that in (my) part) opinion death accurred an the date and have and Iram the causes stated 22c. DATE SIGNED MEDICAL PHYSICIAN TO DIRECTOR PHYSICIAN M-C. KUWALEWSKI 230 BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY Burial 9-16-85 Moreland Memorial Balto. 24 FUNERAL DIRECTOR 250 DATE REC'D, BY REGISTRAR 250, REGISTRAR'S SIGNATURE John C. Miller Inc-6415 Belair Rd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

REG. NO.

Baltimore City

9-13-85

26 HOUR

12h KIND OF BUSINESS OR

IF UNDER 1 YEAR

INDUSTRY

2:10A M

DHMH - 16 60M 7/84 (VRA 15, 4)

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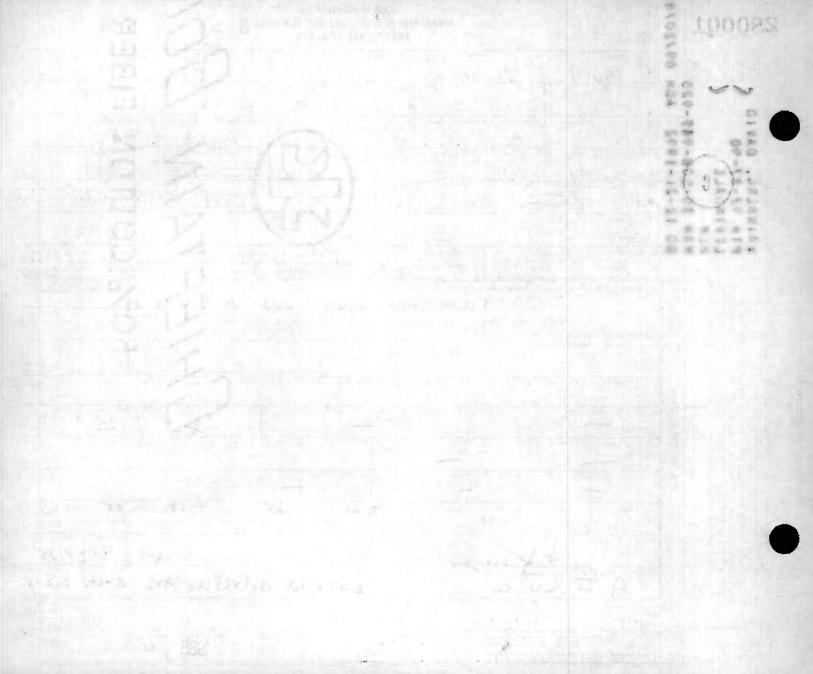
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277035	Ki.	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENS 5	5 2 3 0 6 4				
Va		REGISTRAR		CERTIFICATE OF DEATH	REG. N	o. *				
40		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR			
nay be page 3		HELE	E.N	WILEU		09/25/85	12:05AM			
a bo	3. SE		4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR				
s of	F	-0. 1/1	Ash Angered	6-28-97	93	MONTHS DAYS	HOURS MIN.			
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oth.		COUNTRY)	1100	MARRIED NEVER MARRIED	0	3				
thin of		ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL NURSI	WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	126 USUAL OCCUPAT		OF BUSINESS OR			
# #3 #57	10	. 11	CHENOT IN SUCH FACILITY, GIVE STREET	TADDRESS)	(TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTRY				
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B BE 3/		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRI	SS				
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0 € 5 € 3 ₹	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OF CREMATORY	23d. LOCATION					
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\		WAPLY G. KUSS	KXX KWIYOR	IM MACK	~ 1000	k/ (40,00)	-			



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11 800		TY OR TOWN OF DEATH			SPITAL, NURSI	NG HOME C		ITUTION	12a USUAL O				F BUSINESS OR
1 70	B	altimore							Bookke	eper		Gaine	s & Co.
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1/2	1	Herman	WIDDLE		Wis	issing Eläzabeth MDDLE						Pau	1
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2 8		ES NO OR UNKNOWN)	IF YES, GIVE WAR OR	CATES)	212-07-	0766	Mrs.	Regina	von U1:	rich 6	66 He	1msma	n Ct.212
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Tegal I		27% SKGNATURE	1	/ (n	DEGREE	TTENIDING	ALEDIC AL	STAFF >	,	22c. DATE	SIGNED
16		MATTENDING MEDICAL STAFF 9/8/85											
PORTAN		W. B. d	ahiel	15.00	7 M.	D.	Mester	11 0	00 W.	40th	6	2/2	11
213	230	BURIAL, CREMATION, RE	MOVAL 23b. [DATE			EMETERY OR		23d. LOCA				
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60M 7/B4 5, 4)	Rı	ick Towson F	uneral	Home	ACCRESS	1050	York Rd	CI	EP 9	1985	a married breakful	14001	
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STATE OF MARYLAND

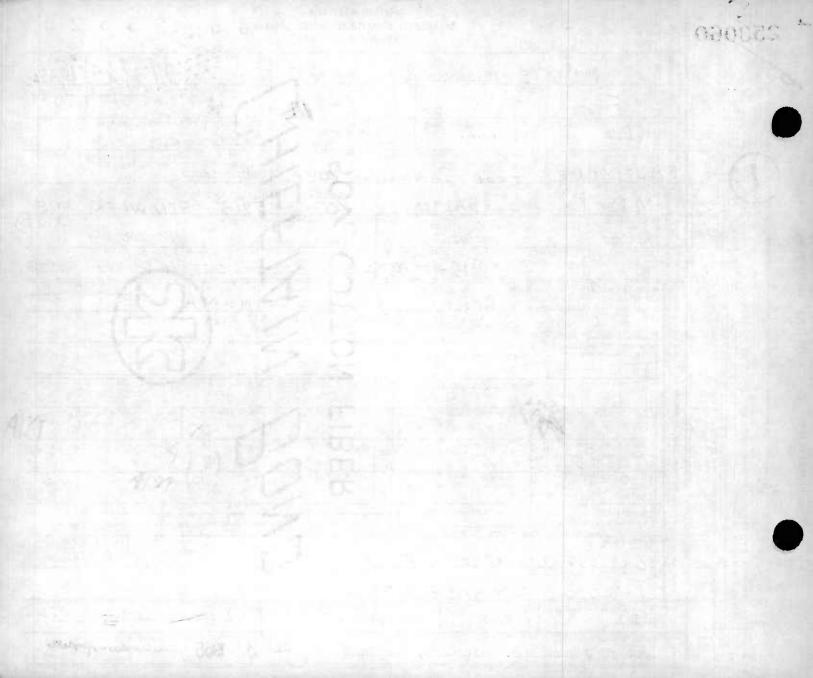
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drott fag 4 may be	3 Ja. Bl	REGISTRAR CEASED NAME FIRST OR PRINT) ALE RTHPLACE (STATE OR FOREIGN OUNTRY) USSIA	Vanbena 4 RACE WHITE 16 CITIZEN OF WHAT COUNT EXXXXX U.S.A	S. DATE OF BIR MONTH RY? MARRIED WIDOWED	NEVER MARRIED DIVORCED	1 11	MONTH DAY YEAR 28 / 85 RIHDAY IF UNDER ITY MONTHS DAY YRS OR COUNTY OF DEATH MOR C C T	9 16 A M EAR IF UNDER 24 HRS ATS HOURS MIN.
MARYLAND 21201 Joed within ad thous reflection on the complete state of the complete st	A.	THER'S NAME AVROM	(IF NOT IN SUCH FACILITY GIVE SI R OTHER INSTITUTION, GIVE RESIDENCE B NTY 13c CITY OR T BUILT IN MIDDLE VAIN	FORE ADDRESS) FFORE ADMISSION) FOWN 13d. YES NBERG	INSIDE CITY LIMITS? S NO 1 MOTHER'S MAIDEN N FIRST	(TYPE OF WORK FOR MOST XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	OF WORKING LIFE) INDUST	ONE 201 (21215) PARK HTS AV
rtificate be executivate by physician and anopages. Pages emoval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for IoI, (b	9-9287 X	RESEMBLINA V XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	AINBERG 571 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		AVET. 21215 ROXIMATE INTERVAL FEN ONSET AND DEATH
quires that the death ce signed by the attending hen please remove carb to burial, cremation, or re highly, or other traumatic	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	QUENCE OF	RELATED TO THE TER	RMINAL DISEASE OR CON	NDITION GIVEN IN PART	l lio
NG PHYSICIAN: The low requir ottending physician. ther this certificate has been signs the buriol-tronsit permit. Then the and Mental Hygiene prior to be an orked or them 18 shows any injury and or them 18 shows any injury	AL CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	210		200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES URY IN ITEM 18 PART OR PART	SES OF DEATH?
PIVISION O PATTENDING PHYSIC hospited or attending IRECTOR. After this cert hed for use as the burial appt of Health and Ments tem 21 is marked or then	MEDICAL		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF ital) attended the deceased fro	OT COLOR	, , ,	city or to	25 19	STATE , that (I) we lost the couses stated
HOSPITAL O		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE	Vuusin,		ATTENDING PHYSICIAN ADDRESS	MEDICAL STA DIRECTOR PHYSI	AFF CIAN D 9	- Z + · H Z + · H
PP	(URIAL, CREMATION, REMOVAL SPECIFY) BURIAL JNERAL DIRECTOR SOL	9/29/85 LEVINSON & BRO	ARLINGTON		BALTIMOR	COUNTY REST REGISTRANG SIGN June Danie	MARYLAND NATURE
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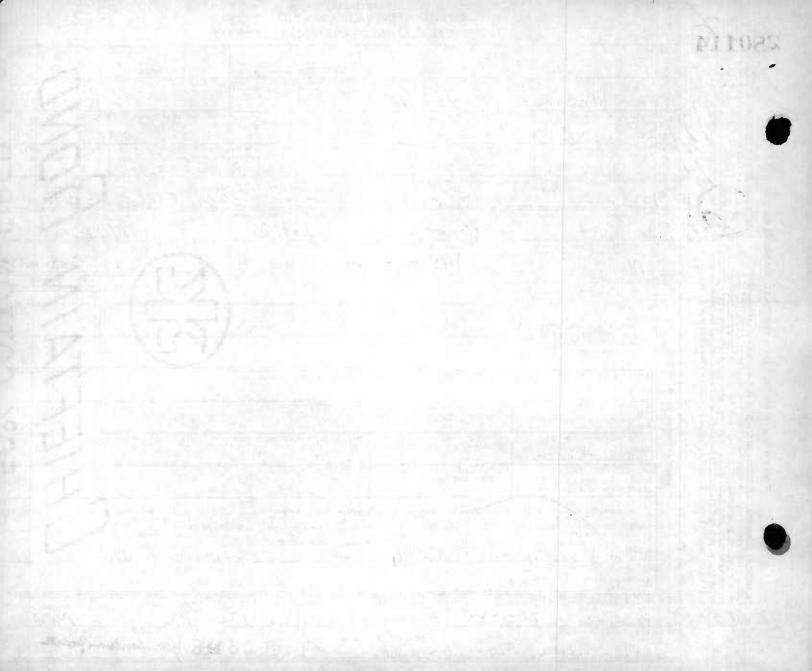
OR ATE EGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8	S REG. 1	2	5	6	2	8
CED NIA AAE FIRST	ALIDDI E	LAST	TO DATE	OF DEATH	MONITH	. DAY	VEAD	In. 110	1110

253060	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 2 5 6 2 8 CERTIFICATE OF DEATH								
ge 4 may be ector page 3 irs offer death		CEASED NAME FIRST MOLL	Elizabet RACE White	5. DATE O	ZZANA FBIRTH 25 / 18	20 DATE OF DEATH 6 AGE (IN YEARS LAST BIR	MONTH DAY YEAR 1	10.55 M IF UNDER 24 HRS HOURS MIN.			
Action 72 hours		RTHPLACE (STATE OR FOREIGN PIT GINIA TY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUN $U.S.A$. 11. NAME OF HOSPITAL, NU. (IF blot in such Facility, Give:	MARRIED WIDOWEI		Baltimore City O Baltimore 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O	ON 125 KIND C	MD. OF BUSINESS OR			
the 24 hours of hours	13a :	ALTIMORE AL RESIDENCE (IF NURSING HOME OR STATE O STATE STATE O STATE	OTHER INSTITUTION GIVE RESIDENCE	AMARIT BEFORE ADMISSION)	13d INSIDECITY LIMITS? YES NO 1	Housewife 13. STREET ADDRESS /		AVE			
1300			Burford	SECURITY NO	Emma 17 INFORMANT	MIDDLE	Moore LAS	31 21239			
5. Page			E WAR OR DATES) 215-		1 Joseph T Va		Fenwick Ave	21239			
equires that the death certificate is signed by the attending physici. Then please remove corbanapaper to buriol, cremation, ar removal, injury, or other fraumatic event, the	NO	18 CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE) IMMEDIAT Canditions, if ony, which gove rise to immediate couse 101, stating the underlying cause last PART 2 OTHER SIGNIFICANT C	D BY: E CAUSE (a) RENA DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EOUENCE OF	ON IN V			IMAJÉ INTÉRVAL ONSET AND DEATH			
The law r cion. e hos bee sit permit. giene prio	CERTIFICATION	19a DATE OF OPERATION	CONDITION FOR WI	HICH OPERATION		YES NO	20b. IF YES, WERE FIND IN IN CERTIFYING CAUSES YES	NGS USED S OF DEATH?			
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to OR ATTENDIN he haspital ar DIRECTOR. Af toched for use a sobpt. of Health		22a.1 certify that (1) (this haspit saw the deceased alive on above, (1) (we) (did) (did nat 22b. SIGNATURE		19, on	. 19_d that in (my) (our) opinion (EGREE	MEDICAL STAF	ate and hour and from the				
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State		22d PHYSICIAN'S NAME (TYPEO	EMANU		22e ADDRESS	DIRECTOR PHYSIC	IAN J	., 03			
BP		BUTIAL, CREMATION, REMOVAL	236 DATE 9/4/85		METERY OR CREMATORY thedral		e, Maryland	STATE			
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR Leonard J Ruck	Inc. Baltimo	re, Mary	land 250. CAT	BEC'D. BY REGISTRAR	256. REGISTRAR'S SIGNAL	andelle			

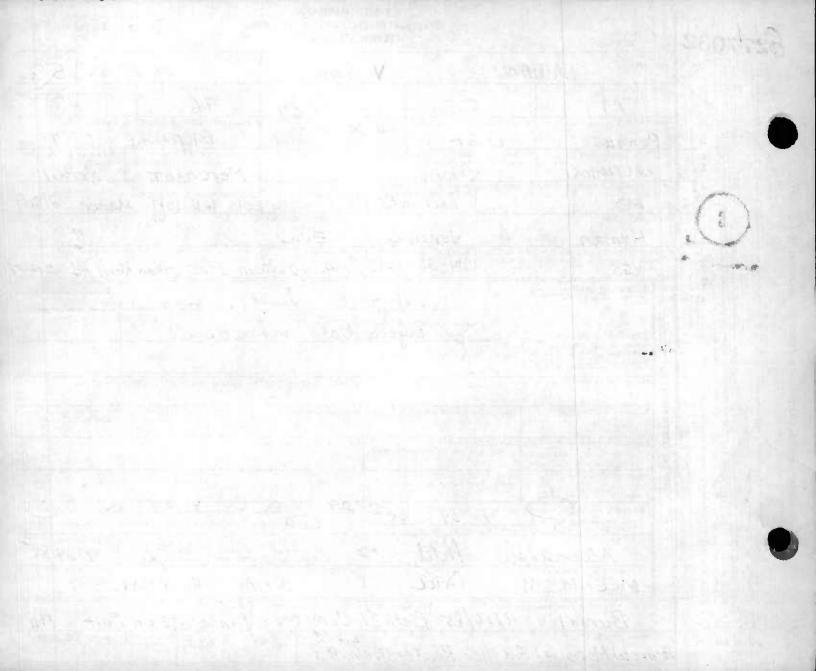
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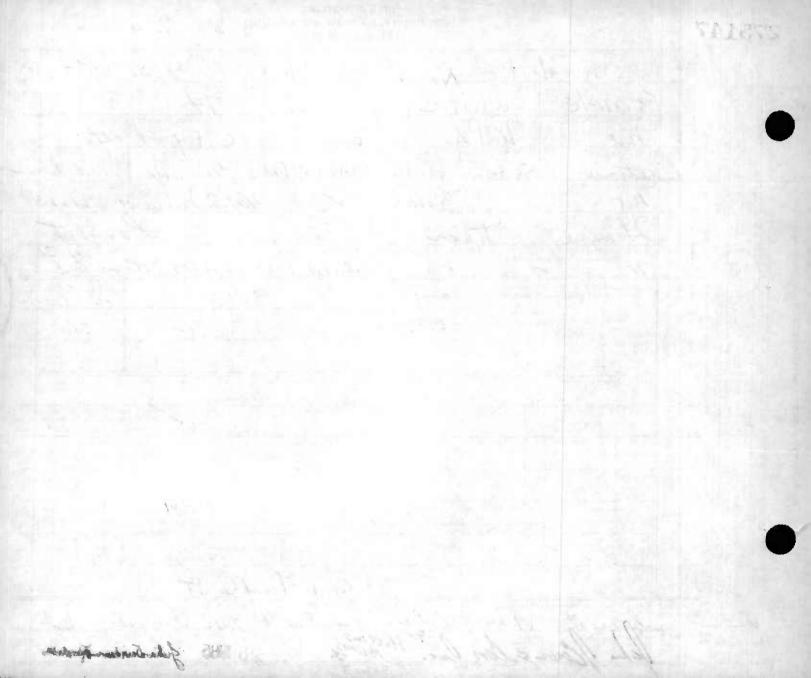
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REGIET SE	MARYLAND		death resulted 1610 / Natural o	course LA	Mindens 1 50	ncide L.J	Hamicide	Undetermined manner	J.	
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR	18		ACTUAL / VASOW	(all)	Thurs		Acting Ch	iefmedical examiner	DATE 9/27/85	
DE TE TE	WOR I	-	EXAMINER'S NAME The	amaa D	Cmith M.D.					
O MI O PU	SE -		(TITE OK FRIITI)		Smith, M.D.		ADDRESS	1 Penn St. Ba	II to MD.	
07/84 BP/3	43	(5	PECIFY)	0-1-85	FOSTUI	RETERY O	Nom DY	13d LOCATION	COUNTY	,
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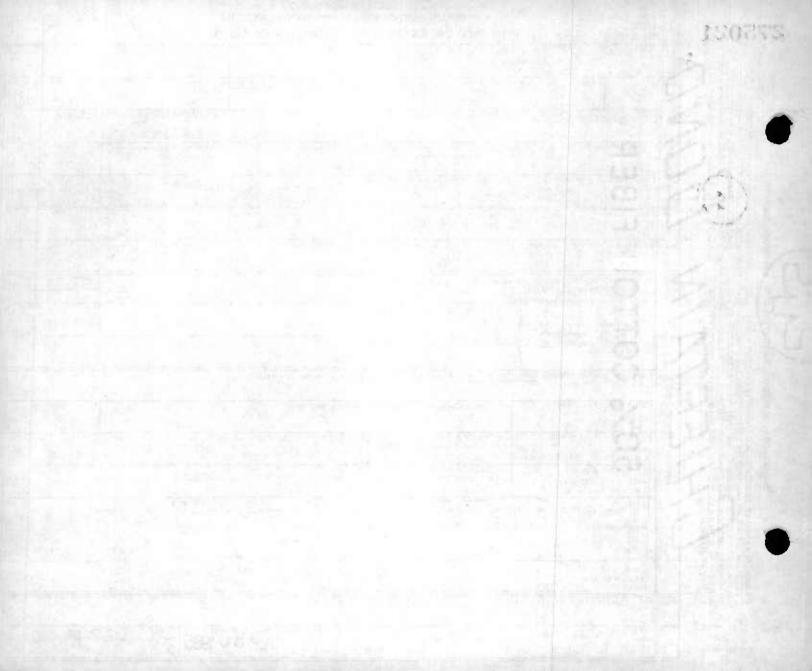
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- 0 111 0 5		224. PHYSICIAN'S NAME (TYPE OF	OR PRINT)	492_	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSI	SPITAL	1.114
Sho of sho		BURIAL, CREMATION, REMOVAL	23b. DATE 4/9	23c NAME OF	CEMETERY OR CREMATORY		A CONTRACT	214
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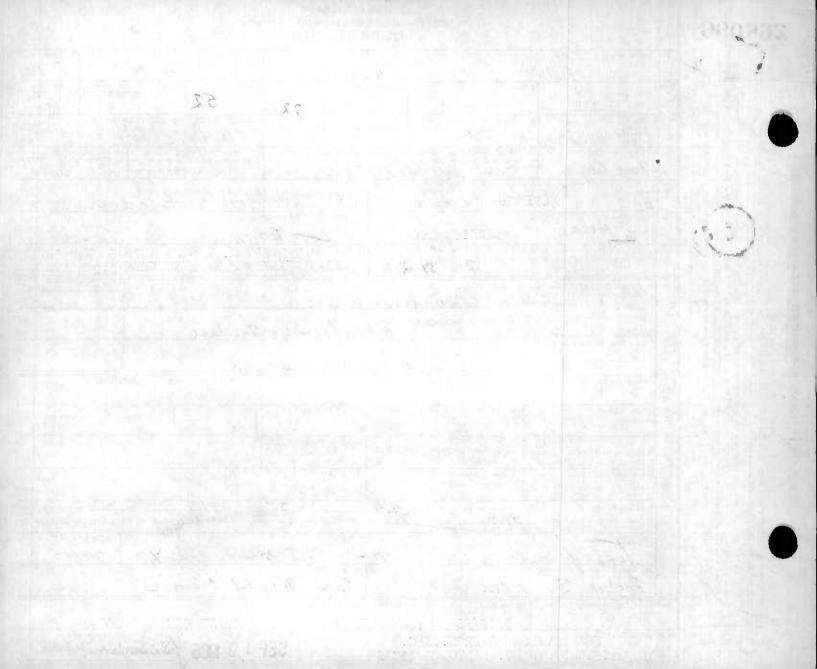
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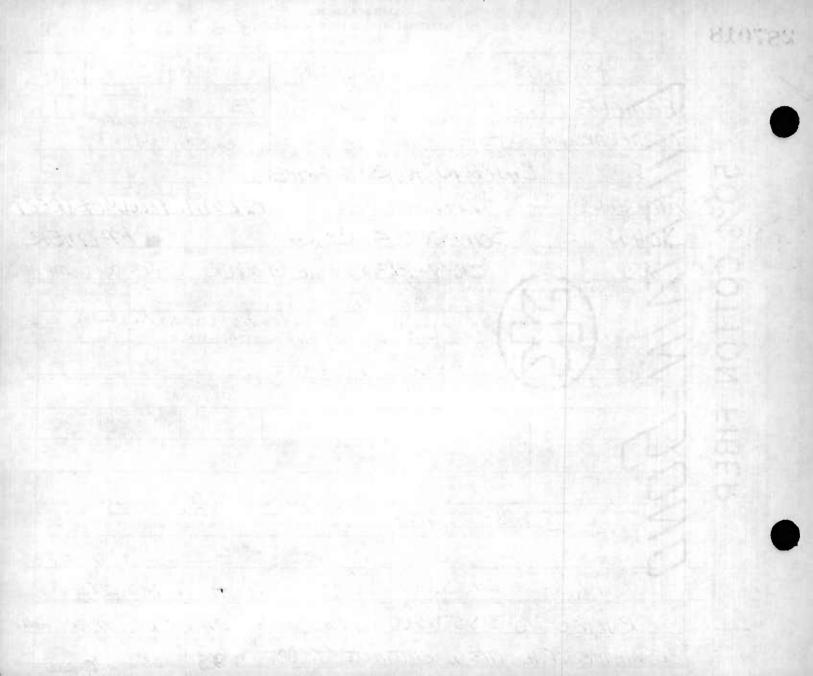


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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	1_	(TYPE OR PRIN		mas D.				ADDIKESS			alto.N	心.		
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25M	DHMH - 17	24 F	UNERAL DIREC		ADD	ORESS				ATE REC'D B	REGISTRAR 25h	REGISTRA FUNDA	R'S SIGN	NATURE	482
	(VR A15 ME (5))	Wi	lliam C	. March	F/H Inc	West 4	1300 Wal	nash	Ave	SEP 3	CO00 0				



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 266096 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L-DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT) 22 Coth Wagnes I. SEX 4. RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR Carcasian EMA LE 11 BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED W NEVER MARRIED MARYLAND DIVORCED [WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR WESCHOOL SYSTEM Un Clar anto TUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSUPECITY LIMITS? 13e STREET ADDRESS / ZIP CODE BALTIMORE hel tracero Switts level Krub. 21208 5770 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST HARRY TRIACEN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? WAGNER 8320 SCOTTS LEVEL RI TYES, NO ORTHINKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause tensive metastance PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased olive an. , and that in (my) (our) opinion deoth accurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death DEGREE 22c DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 278 PHYSICIAN'S NAME 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OF TOWN COUNTY STATE BURIAL 9/15/85 TFILOH CEM BETH BALTIMORE MARYLAND 24 FUNERAL DIRECTS BL LEVINSON & BROS ADDRING. DHMH - 16 50M 4/83 (VRA 15, 4) 6010 REISTERSTOWN RD. BALTO, MD 21215



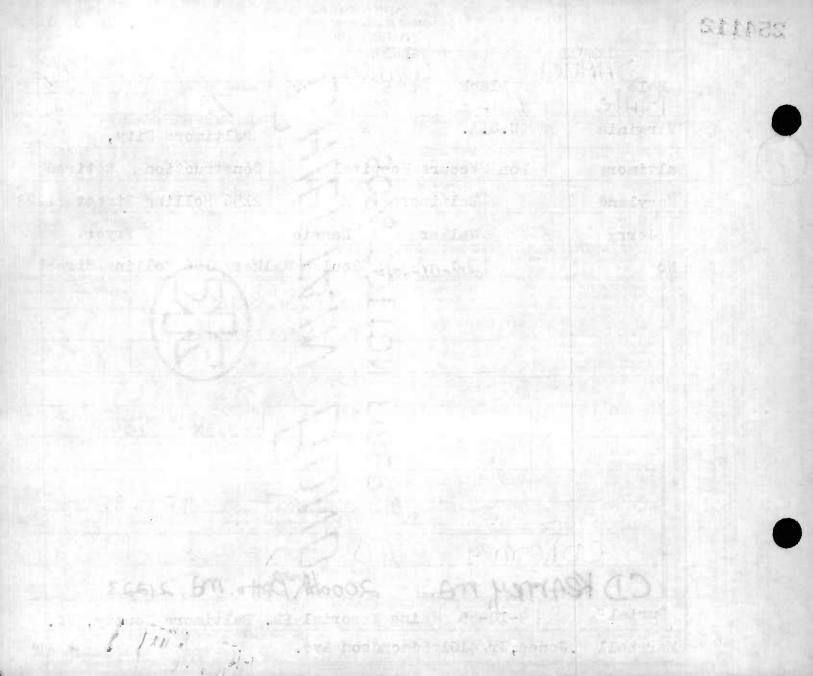


one Daydon-Randelle

Marshall W. Jones, Jr/410P Edmondson Ave.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	3. SEX		4 RACE Black		5. DATE	DE BIRTH	6. AGE (IN YEARS LAST BE		IF UNDER TYEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.		
	c	RTHPLACE (STATE OR FOREIGN DUNIRY) Md. Y OR TOWN OF DEATH	USA	OSPITAL, NURSING FACILITY, GIVE STREET A	MARRIE WIDOW G HOME (ADDRESS)	- man	9 BALTIMORE CITY OR COUNTY OF DEATH					
1 19.8	USUA 13a. Si	RESIDENCE IN NURSING HOME OF TATE Md. 13b. COU	OR OTHER INSTITUTION, O		ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 3627 Gara	/ ZIP CODE	Ave. 2	1215		
			MIDDLE thers	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE Gaith		1A	st		
		(AS DECEASED EVER IN U.S. AI ES NO OR UNKNOWN) IN YES. GI	RMED FORCES? IVE WAR OR DATES)			Nora Gaither	Ave. 21215					
	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(b) DUE TO, OR	AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR COM	NDITION GIV	'EN IN PART TI	0		
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDI YING CAUSES			
	MEDICAL	· R	HOUR A.M P.M 21e PLACE C (AT HOME, STRE of to 1) view the body c OR PRINT)	d. MONTH DA . DF INJURY E1. FACTORY, OFFICE, FA deceosed from 19	19 ARM ETC)	211. LOCATION STREET 211. LOCATION STREET 19 22. 19 23. 19 24. 19 25. 19 26. ATTENDING PHYSICIAN 27. ADDRESS	death occurred on the company of the	own date and hour	COUNTY	state that (It (we) lost a course stated		
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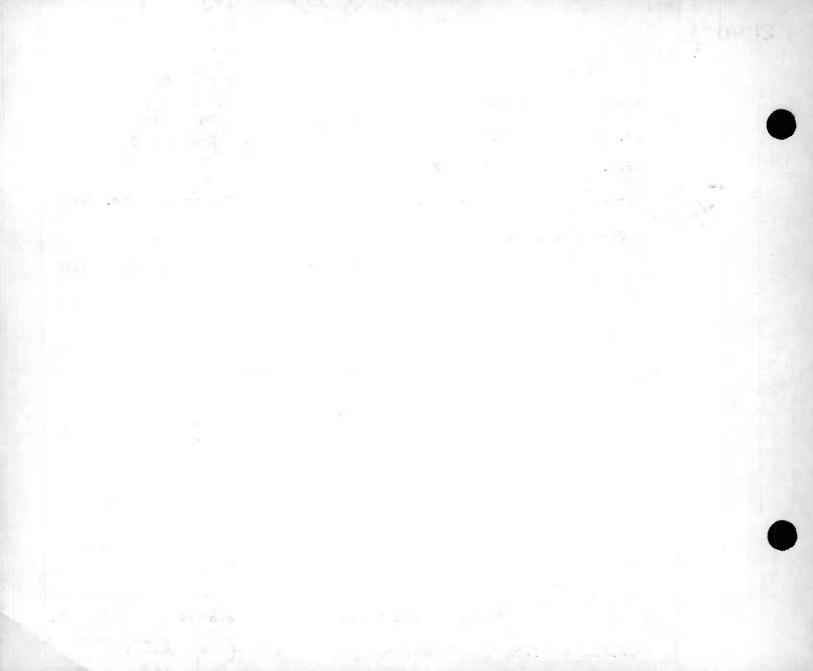
DHMH - 16 50M 4/83

IMPORTANT: If Item 21 is marked or Item 18 shows any

CHAS.A.RICE (VRA 15, 4)

24 FUNERAL DIRECTOR

FSPA 1300 Eutaw Place



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🗐 252110 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH MONTH 1. DECEASED NAME (TYPE OR PRINT) September 5, 1985 Wallace George 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Male Caucasian 2-21-1908 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore Mass. 18 CITY OR TOWN OF DEATH Revere Copper Church Hosp. Corp. Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e.STREET ADDRESS / ZIP CODE 13b. COUNTY 13c. CITY OR TOWN Md. Balto 620 N. Robinson St 21205 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Bridget O'Connor Nicholas Wallace 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. HE YES GIVE WAR OR DATEST 215-10-0531 Ellenore Wallace same address APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Pneumonia - congestive heart failure DUE TO, OR AS A CONSEQUENCE OF Large cell undifferentiated ca. of lung Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28e AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOX 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF IN ILIRY CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE August 20, 10 85 to September 22a | sertify that (1) his hispital attended the deceased from_ on September, 5, 85 and that in (my) four prinion death occurred on the date and have and from the causes stated DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Church Hospital 100 N. Broadway, Balto., MD 21231 W. Impagliatelli, M.D. 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23h DATE (SPECIFY) Gardens of Faith Cem. Burial Balto.

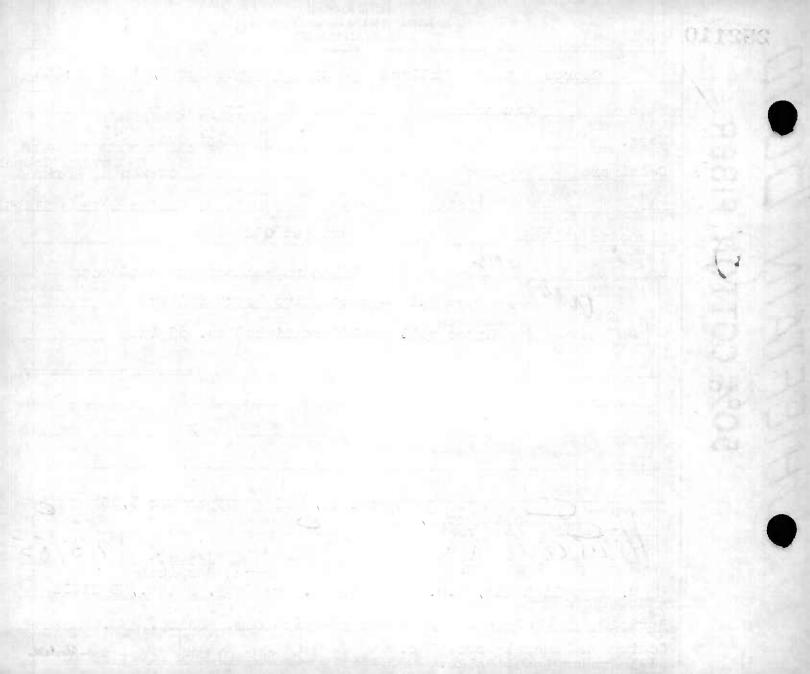
DHMH - 16 60M 7/84 (VRA 15, 4)

Schimunek Funeral Home, ADThc. 3331 Brehms Lane, Balto., Md.

24. FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Javidson-Randall



	STATE OF MARYLAND
124 1. FOR	DEPARTMENT OF HEALTH AND MENT

REGISTRAR

AL HYGIENE & CERTIFICATE OF DEATH

8 6 REG. NO

۱			adie	MIDDLE	MAST	Place	20. DATE OF DEATH	7 - P T	YEAR 26 HOUR 729P
d	2.5EX		4 RACE		5. DATE OF		6 AGE (IN YEARS LAS	T BIRTHDAY) IF UND	ER LYEAR IF UNDER 24 HRS
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r	Fr. Bill	THPLACE (STATE OR FOR		WHAT COUNTRY?	8 MARRIED I	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY OF DE	EATH
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		AL RESIDENCE (IF NURSING	700H S	GECOURS	Has	P	Homem	AILER	
3	13a. S		b COUNTY	13 SITY OR TOWN	113	NSIDE CITY LIMITS?	130 STREET ADDRES		10 21216
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9		underlying couse	lost DUE TO, C	SA CONSEQUE	GE OF B	owel	Otestru	clion	
I		PART 2. OTHER SIGNIF	ICANT CONDITIONS C	ONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TER	RMINAL DISEASE OR C	ONDITION GIVEN IN	PART No
	NOL								
7	CERTIFICATION	19a DATE OF OPERATIO	IN COND	ITION FOR WHICH C	PERATION	WAS PERFORMED	20a AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
	ERTIF	21a. ACCIDENT WAS UNDER	LYING T 216. TIME C	NE INTUINITY	1.	, HOW INDUSTRIAL	YES NO		NO 🗆
١	11/25/01	OR CONTRIBUTING CAU	ISE OF DEATH HOUR A	M. MONTH DAY	YEAR	To HOW INJURY OCCU	JKKED (ENTER NATURE OF	NJURY IN ITEM 18 PART 1 OF	RPART 2)
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h	13	220 I certify that (I) (th	nis haspital) attended ti	ne deceased from	4-	13 108	5 - 10 - 9-	-13 19 1	that (I) (we) last
N		saw the deceased		15 190	, and	that in (my) (our) opinio	n death occurred on th	e date and have and f	
H		22b. SIGNATUR	T A	D	DE	GREE			21. DATE SIGNED
		174	1 - (day	Mater	11	ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN [9-14-83
	17	22d. PHYSICIAN'S NAM	E TYPE OR PRINT	IED	/ 2	2e ADDRESS D	of b B	30110	St. Brit.
		17.4. K	SIT Y NYT	LLR		031 101	nai g	7000	JI / Date /
	23a B	URIAL, CREMATION, RE	MOVAL 236. DATE	23c NA	ME OF CEN	ETERY OR CREMATORY	23d LOCATION		
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	_	BUN 112	9-17	- 85 147	7 210		BALTO	AR 25b. REGISTRAR'S	SIGNATURE 70 Japan
	_		9-17	ADDRESS	Z10	Martha 250 D	CITY OF LOWIN	AR 25b. REGISTRAR'S	

DHMH - 16 60M 7/84 (VRA 15, 4)

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AND 3	13a. S	tate aryland		ltimore	13c. CIT	Y OR TOWN		d INSIDE CI	NO K	13e. STRE 78	er address 70 Kent	ley Ro	1. 21222	
S HOUSE	14. F/	ATHER'S NAME		WIDDLE		TAST	15	EI	R'S MAIDE		MIDDLE		LAST	
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(N)		18 CAUSE OF	DEATH (Enter	anly one cause per li	ne for (o), (b), and (c).)								ATE INTERVAL
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SHOOM		UNDERLYING	XXX R	OF DEATH 11:51	AM 9-	1-85, YEAR	SI	ubjec	ct sho	ot				
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/84 BP		Buria		9-6-85		oudon P							Maryland	
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	STATE OF MARYLAND
266025	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH STATE CERTIFICATE OF DEATH
X	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
de e e e e e e e e e e e e e e e e e e	PHILLIP EUGENE WALLS 4-17-85 4:00
16 80	3 SEX 4. RACE 5. DATE OF BIRTH 6, AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IN UNDER 1 YEAR
rs of	MALE WHITE 7 24 12 73 YRS. MONTHS DAYS HOURS MIN
Pod Pod	76. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY)
nero n 72	New York U.S.A. WIDOWED □ DIVORCED □ Baltimore City
P 144	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER STEET FOR 120 USUAL OCCUPATION 125 KIND OF BUSINESS O
5 744	Baltimore Lutheran Hospital Truck Drive/Security Guard
14 7 3	ASUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION] 130. STATE 131. COUNTY 132. CITY OR TOWN 134. INSIDE CITY LIMITS? 132. STREET ADDRESS / ZIP CODE
MARYLAND ed withing ond thous	Maryland Baltimore YESX NO□ 1415 Hollins Street 21223
NA P	4 FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST
AM P P P P P P P P P P P P P P P P P P P	UNAVAILABLE UNAVAILABLE
0 -	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES)
BALTIMORE, cote be execu- appers. Pages vol.	NO 213-12-3005 Eugene R. Walls 508 S. Bentalou St. 21223
ALT strip person	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
ST., B ertifica g phy ion pa remov	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GROM NEGALINE JEBSY.
	DUE TO, OR AS A CONSEQUENCE OF
DIVISION OF VIT AL RECORDS, 201 W. PRESTON ING PHYSICIAN. The law requires that the death or offending physician. Wher this certificate has been signed by the attending os the burial-transit permit. Then please remove cart than Amerial Hygiene prior to burial, cremation, or arked or tem 18 shows any injury, or other traumatic	Conditions, if any, which (b) INNA H Sommal ASCENS -
the the emo	gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF
or oth	underlying cause last. (c)
RDS, 20 equires an signed Then pli to buril	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
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PHY rendii this he bu	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
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END of o of o OR: 1	220.1 certify that (1) (this haspital) attended the deceased from
ATT Ospiro ed fo or of m 2	abave, (1) (we) (did) (did nat) view the bady after death. 27b. SIGNATURE DEGREE 27c. DATE SIGNED
At OR the hold of	Bul 7 mong M.D attending Medical Staff 9-17-85
TO HOSPITA be retained by TO FUNERA should be de should be de with the Stoll IMPORTANT	22d PHYSICIAN'S NAME TYPE OR PRINT) 22e ADDRESS
TO HC TO FC Should with the MAPORE	BACH T DUONG LUTHERAN HOSPITAL
oper oper oper oper oper oper oper oper	230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE
BP	Burial 9/20/85 Crest Lawn Cemetery Marriottsville Howard Md
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR' 250, REGISTRAR'S SIGNATURE
(VRA 15, 4)	Hubbard Funeral Home, Inc. 4107 Wilkens Ave. SEP 19 1985 Fisher Audion Pendete.

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injury, or other troumatic event, the

IMPORTANT: If frem 21 is morked or Item 18 shows ony

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STATE	OF MA	RYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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REGISTRAR				CEICIII	TEATE OF DEATH	REG. N	0.		
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MYPE OR PRINT)	Mar	у	Agnes		alter	Septembe		1985	8:30 A N
3. SEX		4 RACE		S. DATE C		6 AGE IN YEARS LAST BIR	THDAY	MONTHS DAYS	HOURS MIN.
Female		White		Jan.		74	YRS		
BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	. 8.	D A NEVER MARRIED	9 BALTIMORE CITY C	R COUN	TY OF DEATH	
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TYES NO OR UNKNOWN) [IF YES GI	VE WAR OR DATES)	217-54-9		Mr. Willam		Same	as # 13	3e
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22b. SIGNATURE		1	difer degin		DEGREE			22c DATE	SIGNED
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22d. PHYSICIAN'S	NAME ITYPE	/	e e e e e e e e e e e e e e e e e e e		22e ADDRESS	SWECTOR PHISIC	· iAIN		
		Kowalew	ski MD		8604 Harfor	rd Rd. Balt	imore	, Maryl	and
23a BURIAL, CREMATIC	ON, REMOVAL	236 DATE	23€ N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			77-1-1
Burial		9-10-	85 P	arkwo	od	Baltimor	e. Ma	aryland	STATE
24 FUNERAL DIRECTO	R				25a. DAJ	E REC'D. BY REGIO CAR			

Leonard J. Ruck Inc. Baltimore, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 50M 4/82		AL DIRECTOR						250. DATE R	EC'D. BY REGISTRAR			
(VRA 15, 4)		nard J.	Ruck,	Inc.,	5305	Harford	Rd.	SE	P 2 3 1985	1	- muridon	-Mandelle

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FOR STATE CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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	Mat			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ze DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Burgee-Henss Funeral Home, 3631 Falls Rd. 21211

25 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

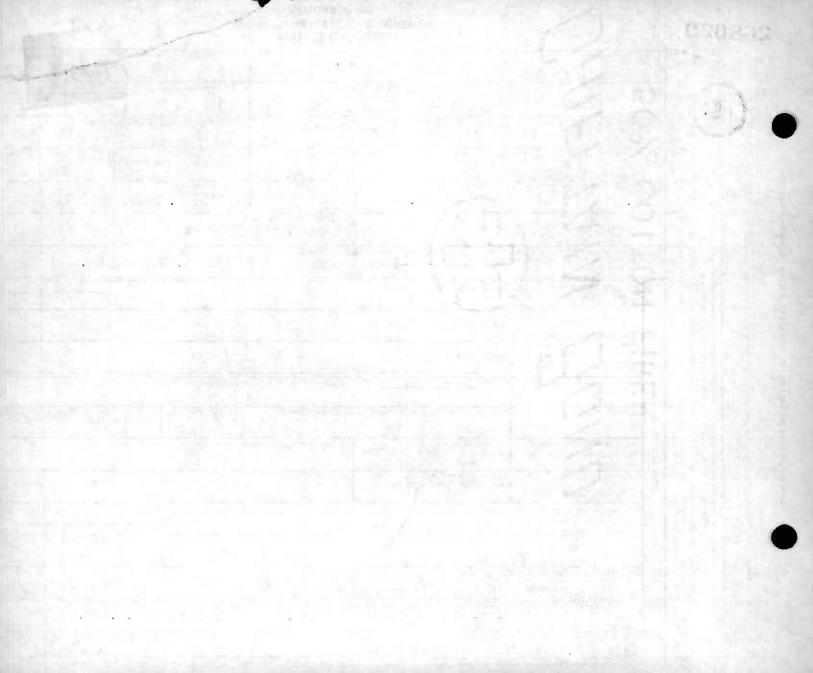
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21101	ENDING PHYSICIAN: The law requires that the death certificate be encurred within 24 hairs offer death. Page 4 may be followed physician.	DR: After this certificate has been signed by the attending physics and compute tilled in by the funeral director, page 3 ruse as the buriol-transit permit. Then please remove carbonipans it use as the buriol-transit permit. Then please remove carbonipans it is a constant.
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4 may	3 SE	X	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY) IF UND	ER I YEAR IF UNDER 24 HRS	
oge 4		Male	White	Dec		74	YRS		
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2 23 1/	()	res, no or unknown) (if yes, gi	ve war or dates) 231 (7 3171	Mrs. Minni	I. Cundif	f. Sar	ne	
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R ATTENDIN haspital or IRECTOR: Af hed for use o ept of Heolth		220.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE		19. 8 /, or	, 19	, to		, that jh (we) lost from the causes stated 2c. DATE SIGNED	
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	(SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUN		
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DHMH - 16 60M 7/B4 (VRA 15, 4)	29 11	INERAL DIRECTOR Henry 4905 York I	y W. Jenkins Road Balto.	press MD		EP 20 1985		idson-Pandage	

STATE OF MARYLAND

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MARYLA ed within and 2 sh	IK F.	Ellwood W	lare MIDDIE	LAST		Deborah	Cook		AST
mond commond common com	16a	WAS DECEASED EVER IN YES, NO OR UNKNOWN) (I	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	214-06-5		Deborah Coo	ok 2736 E. Pr	eston St.	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours offending physician. After this certificate has been signed by the attending physician and completely filled in the strength permit. Then please remove corbompapers. Pages/1 and 2 hould the fill hand Mental Hygiene prior to buriol, cremotion, or removal. The provident of the mile shows only injury, or other troumotic event, the medical complete amine female been orked or them 18 shows only injury, or other troumotic event, the medical complete amine female been orked or them 18 shows only injury.	ATION		chich (b)_ diote the DUE TO, O lost. tc)_ ICANT CONDITIONS CO	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	20g. AUTOPSY2 . S./ 120	b. IF YES, WERE FIND	DINGS USED
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OR ATTENDI he hospitol or DIRECTOR: A oched for use Dept. of Heal		saw the deceased	nis haspital) attended the	1 19.7	0	19 8) That is (my) (our) opinion of the control o	death occurred in the dute of	22c. DA1	that (1) (we) los ne causes stated TE SIGNED
TO HOSPITAL reformed by fl TO FUNERAL should be det with the Stote		22d. PHYSICIAN'S NAM	E (TYPE OR PRINT) OUBEH D	ADASH	PZADI	22e ADDRESS EH 1708	W. Rodge	is Ave	Ball. H
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DHMH-16 60M 1/73		UNERAL DIRECTOR Charles A. I	Rice FSPA 1	300 Eutaw	P1.		E REC'D. BY REGISTRAR 25).	REGISTRAR'S SIGN	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10-2585 D.W.

FOR

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(VRA 15, 4)

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moy pog	3 SE			RACE	•	S DATE C	E BIOTH	6 AGE	(IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
ge 4 i rector. urs afte		EMALE		BLACK		612	1 19 YEAR		66	YRS	NIHS DATS	HOURS MIN.
arn Po		RTHPLACE (STATE OR FOI			WHAT COUNTRY?	MARRIE	XIEVER MARRIED	_	TIMORE CITY O		F DEATH	
he fune within	_	ALTIMORE	Ma.		S.A.	WIDOWE	DIVORCED [LTIMORE SUAL OCCUPATI		LIN KIND C	MD
The diffe	10. C	IT OK TOWN OF DEAT	, ,		TH FACILITY, GIVE STREET		OTHER INSTITUTION		F WORK FOR MOST O			OF BUSINESS OR
by ill filed		LTIMORE			MEMORIAL		TAL					
hour ed in d be f	13a S	AL RESIDENCE (IF NURSING	3b COUNT		13c. CITY OR TOW		13d INSIDE CITY LIMITS?	? 13e.STE	REET ADDRESS	ZIP CODE		
ly filled should be must	MA	ARYLAND			BALTIM	ORE	YES X NO	47	22 YOR	K_ROAI	212	12
oth,	14 FA	THER'S NAME	44	DOLE	LAST		15 MOTHER'S MAIDEN	NAME	WIODIE			
10000		FIRST	M	-	EASI		JOSEPHIN	TE	WIODIE		WILS	ON
d d courted	160 V	VAS DECEASED EVER IN	U.S. ARM	ED FORCES?	16b. SOCIAL SECU	IRITY NO.	17 INFORMANT	V C	ADDRE	SS		
be exect an and a Pages	N		(IF YES, GIVE	WAR OR DATES)	117-40-	2866	DANIEL WA	TSON	4722	YORK F	ROAD	21212
ofe ofe person of the solid		18 CAUSE OF DEATH	Enter only	one couse per	line for (a), (b), an	dicu	2				BETWEEN	MATE INTERVAL ONSET AND DEATH
rhficoi physi onpap emovo event,		PART I. DEATH WA		CAUSE (D)	OAT	Cel	LL CARCIN	DM A	OFL	CNG		10 11 50
ing rrbe				DUETO	R AS A CONSEQUI	ENCE OF		100				
affend nove co atian, c		Conditions, if ony,	which	(b)	K A3 A CONSCOO	LINCE OF						
the a		gove rise to imme	diote)								
by the			lost.	DUE TO, O	R AS A CONSEOU	ENCE OF						
or ro		PART 2 OTHER SIGNIII	EICANT CO	NIDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	EDAAINIAI DI	SEASE OF CONT	DITIONICIVE	L INLDART I	
quire sign hen j to bu	Z	TAKI Z OTTEK SIONII	ICAINI CO	NOITIONS CO	DIVINIBULING TO	DLAIN BOI	NOT KELATED TO THE TE	ERMINALDI	ISEASE OR COIN	DITION GIVEN	Y IIV PART TI	Б
been mit. T	CERTIFICATION	190 DATE OF OPERATION	N	TI96 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20n	AUTOPSY?	1206 IF YES V	WERE FINDIN	NGS LISED
on. he low hos b t perm lene pi	5					0,5,111				IN CERTIFYI	ING CAUSES	OF DEATH?
	ERT	210. ACCIDENT WAS UNDER	IYING []	21b TIME O	F IN HIPY		21c. HOW (NJURY OCC	YES		YES		NO 🗌
N S T S S S S S S S S S S S S S S S S S		OR CONTRIBUTING CA		110110 4	M. MONTH D	AY YEAR	ZIE HOW WYJOKY OCC	UKKEU (EN	ITER NATURE OF INJUI	KY IN ITEM 18 PAR	T T OR PART 2)	
SICIA ng p certif unal-	5 €	(IF EITHER_NOTIFY MEDICA		Ρ.		19						
r this the bundand M	MEDICAL	21d INJURY OCCURRE		21e PLACE	OF INJURY REET, FACTORY_OFFICE_F	ARM ETC }	21f LOCATION		CITY OR TO	WN	COUNTY	STATE
OING P or after the as the olth and		AT WORK AT WORK							7/1	/		
R: A Leol		22a.1 certify that	Annual Section	tottended th	e deceosed from_	08-1	11/ 19 8	55 . 10.	9/-	19	_	tho we lost
R ATTE hospite RECTO ned for ippt of I		sow the deceases	alive on_	view the body	ofter death.	<u>6</u> , or	nd that in (our) opinion	ion death a	corred on the do	ste and hour a	ind from the	causes stated
OR A e hos DIREC Dept f ttem		225 SIGNATURE O	/	11	0		DEGREE				22c DATE	SIGNED
1 4 1 4 5 1		Jest	ey U	Con	+	N	ATTENDING PHYSICIAN		ICAL STAF		91	4/85
HOSPITA		226 PHYSICIANS NAM	TE (TYPE OR	PRINT)	/	0	22e ADDRESS			* 1	, , ,	11
		Jeft	rey	AC.	00/ M	11	Unio	oh /	4 e pue	rial	1709	pital
0 f 0 f x x		BURIAL, CREMATION, RE	MOVÁL	236. DATE	236 1	NAME OF C	EMETERY OR CREMATOR	RY 23d	LOCATION			
BP		SPECIFY)		0.1-	105 I	RUID	RIDGE		BALTIM	ORE C	O.	MD STATE
DHMH - 16 60M 7/B4	24. FI	JNERAL DIRECTOR			/85			DATE REC'D	BY REGISTRAR	D A 500	0 0 0	W7 0
(VRA 15, 4)	W	M. NAMC. MAR	CH F	/H 110)1 E ODREN	ORTH	AVE.	SEP	6 1985	Ciria Da	widson-l	fandell.

253127 - FOR STATE

STATE OF MARYLAND

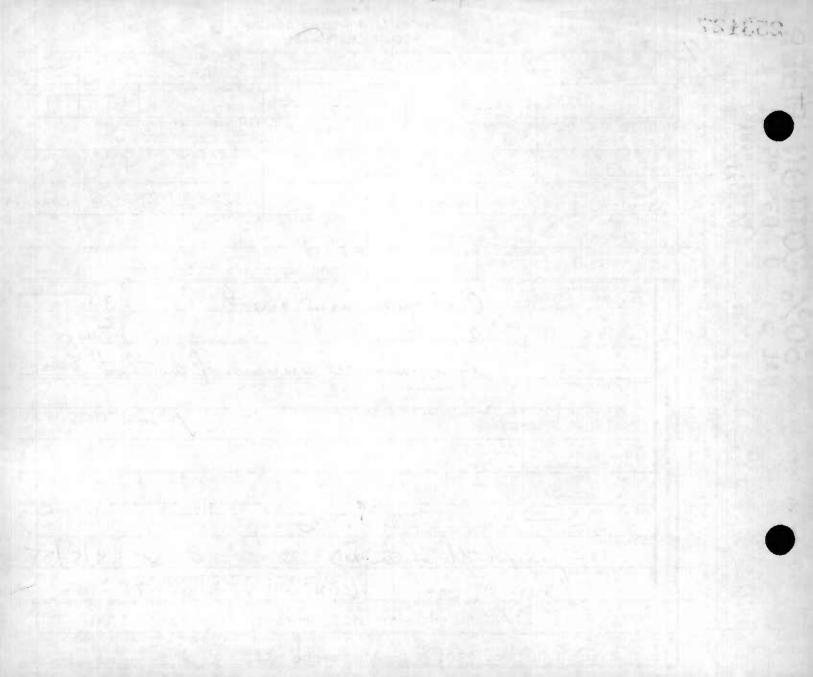
DEPARTMENT OF HEALTH AND MENTAL HYGIENES

25648

		REGISTRAR				TOMIL OF DE		RE	G. NO.		
02		CEASED NAME FIRST	MIDDLE		1	AST		20 DATE OF DEA	TH MONTH	DAY YEAR	2b. HOUR
1	TITPE	HOWARD			WATI	?S		SEPTEMBE:	R 5, 19	85	3:20PM N
16 36 A	3. SE	X	4. RACE	JAY W	5. DATE C			6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
		Male	Black	- AD-1	7	7	17	68	YRS		HOURS MIN.
-		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY?	8	D NEVER M	ADDIED [9 BALTIMORE C	TY OR COUN	TY OF DEATH	
5		aryland	U.S.A.		WIDOWE		ORCED T	BALTIMOR	E CITY	7	ME
		ITY OR TOWN OF DEATH	11. NAME OF HOSP	ITAL NURSING	HOME	OR OTHER INSTI	TUTION	120 USUAL OCCU			OF BUSINESS OR
5	BAL	TIMORE	JOHNS HOP	KINS HOS	SPITA	AL		(TYPE OF WORK FOR A	1021 OF WORKING	LIFE INDUSTRY	
1		AL RESIDENCE (IF NURSING HOME OR STATE 13% COUN		RESIDENCE BEFORE A		13d. INSIDE CIT	CZTIAAITS2	13e.STREET ADDR	ESS / 710 CO	nne.	
		aryland		Baltime			NO []			ederal	St.212
	14. FA	ATHER'S NAME	AIDDLE	LAST		15. MOTHER'S				LA	
0		Joseph		tts		Gene	eva.	MID		rown	51
		WAS DECEASED EVER IN U.S. ARA		SOCIAL SECUR	ITY NO.	17 INFORMAN	JT.	Α	DDRESS		
-	()	YES NOOR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			Diane	Watt	s 4 Chr	is Co	urt	
		18 CAUSE OF DEATH (Enter an	y one couse per line l	oriol, #t, and	Chillon			0		BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS CAUSED	E CAUSE (a)	redion	ulu	and u	, an	ust		318	
		William Control	DUE TO, OR AS	A CONICEOUSE	ACE OF	(1					
		Conditions, if any, which	((b) as	miral	un	V				3d	ays
		gave rise to immediate cause (a), stating the	DUE TO, OR AS	1	ICE OF	1			0 .	00 0	
		underlying couse last.	TOOL TO, OK A	Mama	12	cell o	men	man of	100 7	throat	8 mos,
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CON	BUTING TO DE	ATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART 1	0
	NO.										
-7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH C	PERATIO	N WAS PERFOR	MED	20a AUTOPSY		YES, WERE FINDI	
_	TIF		- 374.00					YES NO		YES [NO [
2	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJ		YEAR	21c. HOW INJ	URY OCCURE	RED (ENTER NATURE C	F INJURY IN ITEM 1	8 PART I OR PART 2)	
	CAL	OR CONTRIBUTING CAUSE OF DEA	in	MONITI DAT	19						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF IN		as STC \	211 LOCATION	N	CITY	OR TOWN	COUNTY	STATE
	2	WHILE NOT WHILE AT WORK	(ATTIOME STREET, FA	ACTORY, OFFICE, FAR			14.5				
		22a.1 certify that (1) (this haspit	all attended the dec	ceased fram	813	· ·	, 19 85	, ta 9	<u> </u>	, 19 65	that (I) last
		saw the deceased plive on abave, (1) we did (did not	view the bady after	denth 19	85. ar	nd that in (my)	aur apinion o	death accurred on	the date and h	ioui and from the	couses stated
		22b. SIGNATURE	1	. 1	20	DEGREE				22c. DATE	SIGNED
		90	seph W	1. Au	then	MDAT	TENDING HYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN	91	5/85
		22d. PHYSICIAN'S HAME /TYPE OF	PRINT)			122e ADDRESS			OSPITA	Γ .	
		1 309	each M.S	Aton		600 N	. Welle	SE BUILD	DOLTIN	My 3/13	-05
1	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE		AME OF C	EMETERY OR C		23d LOCATION			
		URIAL	9/9/85					ry Anne	"Arun	de Punico,	Md".
	24 Ft	UNERAL DIRECTOR					25a. DAT	E REG'D. BY REGIS.	TRAR 25b. REG	ISTRAR'S SIGNA	TURE
	W	m C March F/F	T TNC 1	ADDRESS	Nort	h Arren	110 7	CO P B W	The Ro	65 K	30. 2.00
	111	O TIGHT CIT T/I	· dulive L.		LYUL	TI VACI	up	de la la de	12 6 W		

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR DEPAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN®

5 2564

		REGISTRAR			CEKTIF	ICAIE OF DEATH	REG. N	10.			
		CEASED NAME FIRS	T ^	MIDDLE	L	ASI	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOU	R
1	{ IAb£	OR PRINT) WI	LLIAM J	ESSE	WEB	ER	SEPTEMBE	R 01	85	5:25	ам
	3 SEX	X	4 RACE		5. DATE O		6 AGE (IN YEARS LAST B	RTHDAY	MONTHS DAY		24 HRS MIN,
	1	MALE	WHI	TE	OCTO		57	YRS	MONTHS DAT	S HOURS	M In.
-	7a. BIF	RTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
1	MA	ARYLAND	U.S.		WIDOWE	D DIVORCED	BALTIMOR		ΓY		MD.
1		TY OR TOWN OF DEATH		HOSPITAL, NURSI H FACILITY, GIVE STREE		R OTHER INSTITUTION	12g USUAL OCCUPATION OF MOST		IFE) INDUSTR		
1	-1	ALTIMORE	VAMC, I	BALTIMOR		LAND 21218	FOREMAN		CONS	TRUC	rion
5	130 S	AL RESIDENCE (IF NURSI) STATE RYLAND	OUNTY A . A .	13c. CITY OR TOV	WN	13d. INSIDE CITY LIMITS? YES NO 🛣	130 STREET ADDRESS 378 TELE	ZIP COE		211	1.3
1	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WIDDLE			IAST	
4	11 11	GEORGE	В.	WEBE		BERTHA	E.	ECC	SHAR	P	
4	IY	VAS DECEASED EVER IN U. (ES, NO OR UNKNOWN) (IF Y YES	EWEIVE WAYOR DITELL	166 SOCIAL SEC 216.20		MRS. ARTLE	ISTER)	815	8 TEL EVERN	EGRAF	2114
	NOI	Conditions, if any, which gave rise to immedia cause (a), stating the underlying cause lo	AUSED BY: EDIATE CAUSE (a) DUE TO, OF the te DUE TO, OF to (c) (c)	Cardia RAS A CONSEON RAS A CONSEON Sy caem	BNCE OF Orgets UENCE OF On Or	Corchan Corchan Corchan Corchan Corchan	nonfosés ma of the	Cem	BETWEE	OXIMATE INTER NONSET AND	DEATH
Z	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHIC	H OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERT	S, WERE FINE IFYING CAUS	DINGS USED ES OF DEAT NO	H?
7	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE LIFETHER NOTIFY MEDICALEX. 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	OF DEATH HOUR A./ AMINER) P./ 21e PLACE C	M. MONTH (M.	DAY YEAR 19	211 LOCATION STREET	RED (ENTER NATURE OF INJ		PART I OR PART ?		TATE
		220.1 certify that X (this	hospital) attended the	e deceased fram	8-30	. 19_85	, to 9-1		19.85	. that X (v	we) last
Ш	1	saw the deceased ali		19_		id that in XXV (our) opinion	death accurred an the	date and ho	ui and from t	he causes sto	oted
		22b SIGNATURE	(A DOT: VIEW THE DODY	1 /	(DEGREE ATTENDING	MEDICAL STA	AFF.	22c DA	TE SIGNED	
_		Me	show M	- am	m	PHYSICIAN [DIRECTOR PHYS	CIAN	,		
		22d PHYSICIAN'S NAME AUSU	(TYPE OR PRINT)	Amis	1	3900 LOCH RA	VEN BLVD.	BALTIM	ORE, M	D. 21	218
		BURIAL, CREMATION, REMO	SEPTE	MBER 23c	NAME OF C	EMETERY OR CREMATORY	236 LOCATION CITY OF TOWN	100	COUNTY	5	TATE
ı		BURIAL	4.19		ARYLAI		CROWNSV		A.A.	MARYI	
	24 FU	UNERAL DIRECTOR	Owath	ADDRESS		25a. DAT	E REC'D. BY REGISTRA	25b. REGIS			
	10 -		NERAL HO	ME CITE	BURN	NIE, MD SEF	7 400F	I in A	widson-7	12	7

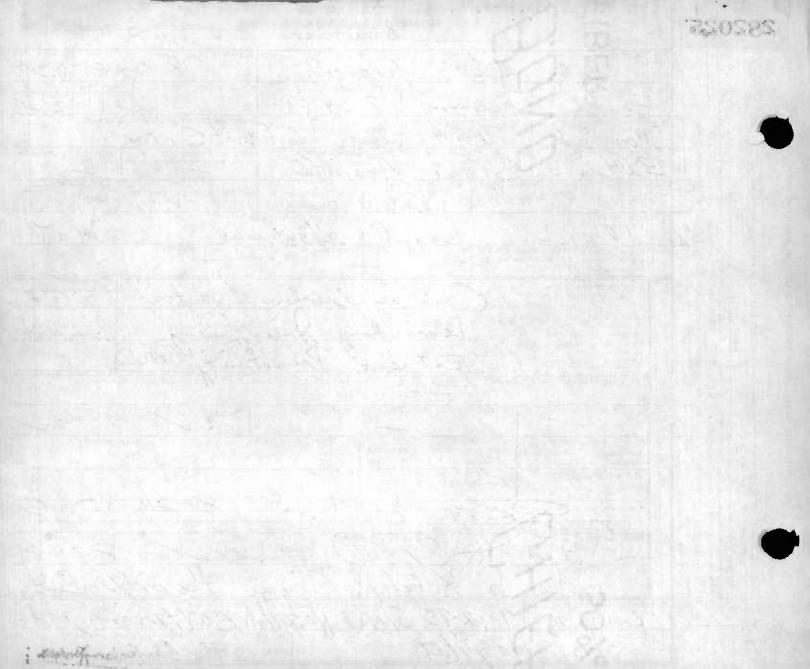
DHMH - 16 60M 7/84 (VRA 15, 4)

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O FUNERAL DIRECTOR

Ofor:

	1	1 1 2 2 2 2 3 3	Werer. Fr.	STATE OF MARYLAND		
282025	1	FOR	DEPAR	FMENT OF HEALTH AND MENTAL HYG	SIENĘ - O	2 4 5 0
1000000		REGISTRAR		CERTIFICATE OF DEATH	0 0	2 2 2 2
	I DEI	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
e. 6-€		OR PRINT)	71 0	1 1	TO DATE OF DEATH CHOKIN	Co C-C
may be. poge 3		Daly	of my	Weigel	0 2	4 80 10:50 W
e 6.	3 SE	x	SATE	5. DATE OF BURTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 ector rrs off	1	To- 20	Auconion	MOTH DAY YEAR		MONTHS DATS HOURS MIN.
. 4 0 13 34	7 0	se work	- 4	0 27 75	YRS.	6-
2 2 P P P P P P P P P P P P P P P P P P	70 8	RTHPLACE (STATE OR FOREIGN)	LE CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	IY OF DEATH
0 000		Many our	450	WIDOWED DIVORCED	Balt. CIX	MD.
24 2//	18 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND OF BUSINESS OR
1 de de de	-	Saltena	OF NOT IN SUCH FACILITY, GIVE STREET	et ADDRESS!	(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
25 Es 25	7	are	2/491	11000114		
d ho	130	AL RESIDENCE (IF NURSING HOME OR COUNTY			13e STREET ADDRESS / ZIP COI	04 201 6
No 24 24	ь	me on	II	BATTA YES DILNING D	1003 COLERG	RID
thin thin sh	14 FA	THER'S NAME		15. MOTHER'S MAIDEN NA		The Paris
wind of a series		/ FIRST /	HOOS / LAST ,	FIRST	O MIDDLE	7xx -11
X P E O S		WRICH	Wex	ce start	well	may
E C		VAS DECEASED EVER IN U.S. ARN 155, NO OR UNNOWN. 1 18 YES GIVE	MED FORCES? INL SOCIAL SEG	URITY NO. 17. INFORMANT	ADDRESS	
WO SE	1,	15 HO OF DWINDWING (IF HE GIVE	WAS ON DATEST			
TT 99 84 4/	-				-	1 APPROVINGED SHIFTING
S Cot		PART L DEATH WAS CAUSED	BY /		1 1	REWEIN GROUP AND EARLY
H # 2511		IMMEDIATE		warp motory	grag	212 1/2
Z 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			DUE TO OR AN OCONSEQU	KNCE ON	*	10 00
PRESTON		Conditions, if any, which	Lesson Lesson	. 4 4 .	Olynina.	Jan and Wo
E 6 9 9 9 9		gave rise to immediate	(b)	1 0	111111	The contract of
2 3 24 3/2	LO.	cause (a), stating the underlying cause last.	DUE TO, OR AS ACONSEIN	SENCE OF U.D.	B 10 0 27	11
V 0 4 4 5 6		underlying couse last.	1 10 241	rang Treno	purty (con	crep
20		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEA TO CONDITION G	IVEN IN PART 110
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require of the physician. After this certificate has been signed the buriol-transfrommir. The th and Mental Hygiene prior to the hond Mental Hygiene prior to the or After 18 shows any injury orked or After 18 shows any injury.	N					
0 1 1 2 2	CERTIFICATION	190 DATE OF OPERATION	TISK CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUT 295Y? 206 JFY	ES, WERE FINDINGS USED
So	2			TO ENAMED	IN CERT	IFYING CAUSES OF DEATH?
AL The house house	ZTII					res No 9
VIZ CON SERVICE OF SER	CE	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
OF DE PLAN	AL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)		19		
PHYSIC 14 PHYSIC 14 this certif te buriol-t ad Mentol	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
PHY endii this he bu	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
off fer house		AT WORK		0 00		
Seediff A		22a. I certify that (1) this hospite	oll attended the deceased from	A-2- 1000	10_ 0 _ 2 X	., 19 that (Ir (we) lost
in TEA		sow the deceosed olive on		, and that in (my) (our) opinion	death occurred on the date and he	our and from the couses stated
R ATT hospi ned fo		obove. (Ip(we) (did) (rid not)) view the body after death.	L DEGREE)		22c. DATE SIGNED
0 0 0 0 0		111 5151 1111 1111	B > C	ATTENDING	MEDICAL STAPE	G 3 11 DC
XAL Y the SAL deto		Cee	7	PHYSICIAN A	DIRECTOR - PHYSICIAN	8-4-00
F S S S S S S S S S S S S S S S S S S S		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS	1/ 5	10 B 000
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TO HC should with 1	62. 0			cir 014a	THE TOTAL OF THE PARTY OF THE P	or of the sheet
Old 1 1	230 E	SURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR GREMATORY	THE LOCATION OF TORTOWN	COUNTY M STAT
BP	1	REMOTION	1-10-83	2/Ma/ HOSO110	11/50/1/1	ore you
DHMH - 16 50M 4/83	24 FL	INERAL DIRECTOR	1 011	/1 /25s DAI	E REC D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE
(VRA 15, 4)		SIHA!	10501TROPS	UCL	8 1985	Trickens Duline
		01.101	1 1 1 1 1		Tanabi.	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE

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	250 1	10			

		REGISTRAR			CEKITI	ICATE OF DEATH	REG. NO			
	I. DE	CEASED NAME FIRST		MIDDLE	t	AST	20 DATE OF DEATH		AY YEAR	2b HOUR
	TTYPE	ORPRINT) RUTH		C	WELI	S	SEPT.	06	1985	8:55P M
	3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS
7		FEMALE	WHITE	E E	09"	091 1893	91	YRS.	ONTHS DAYS	HOURS MIN.
7		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B. MARRIE	D NEVER MARRIED X	9 BALTIMORE CITY OR	COUNTY	OF DEATH	
1		ARYLAND	U.S.A.		WIDOWE	D DIVORCED	BALTIMORE	CITY	17.00	MD.
2		TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET AGNES HOS	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF HOMEMAKER			F BUSINESS OR
7	USUA	AL RESIDENCE (IF NURSING HOME OF					HOMEWAKEK) SELL	Ľ.
2	MZ	ARYLAND 136 COUR	VTY	131. CITY OR TOW BALTIMOR		13d. INSIDE CITY LIMITS? YES XX NO [3200 Gibbon		enue 2	1214
	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAS	
9	GEX	ORGE	В.	WELLS,	SR	MARY			S	ARGENT
		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRES	S		
		4O	E WAR OR DAIES)	215-46-95	553	BARBARA WELL	S 3200 GIBBO	INS AV	ENUE :	21214
		18 CAUSE OF DEATH (Enter or		line for (o), (b), and	dicin				BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAUSE	D BY. [E CAUSE (0)	Cardiony	Imo	nacy failure				
			DUE TO O	R AS A CONSEQUE	NCE OF			-85 14		
		Conditions, if ony, which	(b)	Chemie	1.0	nal Ro Fa	ilus		12.00	
1		gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUE						
		underlying couse lost.	(6)	Vientry	and the same	and Injection				
		PART 2. OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	TION GIVE	N IN PART 110	
5	NO N			7.7						
-	CERTIFICATION	190. DATE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
	TE						YES NOTO	YES	ING CAUSES	NO [
	CER	210. ACCIDENT WAS UNDERLYING	216. TIME O		V VE 18	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PA	RT (OR PART 2)	
	AL	OR CONTRIBUTING CAUSE OF DEA	UH.	M. MONTH DA	Y YEAR					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		21f LOCATION	CITY OF IOW		COUNTY	STATE
	×	WHILE NOT WHILE AT WORK	(AT HOME STR	REET, FACTORY, OFFICE FA	ARM ETC)	ZIKEEL	CITTORIOW		COUNT	SIAIE
		22a 1 certify that (I) (this hospi	tol) ottended the	e deceased from_	9	14/ 19.85		, 1	9.85	that (II (we) lost
		sow the deceased alive on above, (1) (we) (did) (did no		otter death	5 . or	nd that in (my) (our) opinion o	death occurred on the dat	e and hour	and from the o	couses stated
	1	22b. SIGNATURE	- P. M - :	oner deam.		DEGREE			22c DATE	SIGNED
		Kalk	2 Millan			MI) ATTENDING PHYSICIAN	MEDICAL STAFF	ANTO	1 9	16185.
		22d. PHYSICIAN'S NAME (TYPE O	R PR INT)	THE STATE OF		22e ADDRESS				1
	×	DR. LATHA	PILLAI			ST. AGNE	ES HOSPITAL			
		URIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		r Otalty	57.437
	1	ar word of					CILLOK LOWN		COUNTY	STATE

DHMH - 16 60M 7/84

should be detached fo with the State Dept. of MPORTANT. If He

24 FUNERAL DIRECTOR HUBBARD FUNERAL HOME, INC 4107 WILKENS AVENUE (VRA 15, 4)

BURIAL

09-09-85 WESTERN CEMETERY BALTIMORE

MARYLAND

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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24 FSchimunek Funeral Home, Inc.

3331 Brehms Lane, Balto., Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENER CERTIFICATE OF DEATH

21213

REG. NO

26 HOUR

17h KIND OF BUSINESS OR

0

COUNTY

Gulia Davidson-Randall

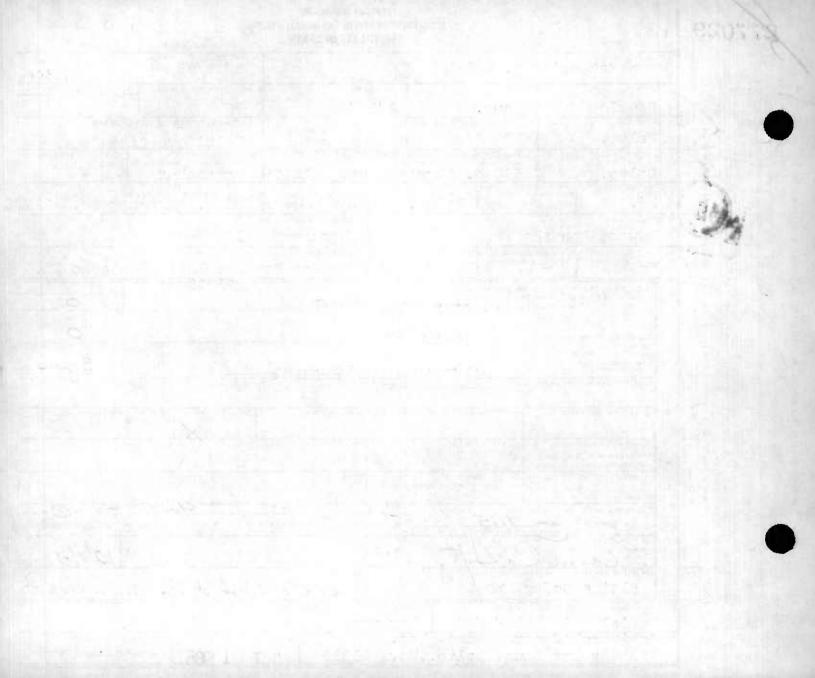
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21205

DHMH - 16 60M 7/84 (VRA 15, 4)

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REGISTRAR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR					TOTAL OF PERSON	REG. NO.			
ECEASED NAME	FIRST		MIDDLE	1	LAS1	20. DATE OF DEATH MO	VIH D	AY YEAR	2b HOUR
	ICHA	RD		WE	ELSH	SEPTEMBER	17	1,1985	10:35A
EX		4 RACE				6 AGE (IN YEARS LAST BIRTHD			IF UNDER 24 HRS
Male		Whit	te	12		75	YRS.	DNIHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY	OF DEATH	
Maryland	- /	U.S.	. A .	1		Baltimore C	itv		MD.
CITY OR TOWN OF DEA	TH				OR OTHER INSTITUTION	120 USUAL OCCUPATION			OF BUSINESS OR
Baltimore						Steelworker		Beth	. Steel
UAL RESIDENCE (IF NURS STATE					1136 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZI	P CODE		
Maryland	Bal	timore	Dundall	k	YES NO			ad 2	1222
FATHER'S NAME						ME			
John		WIDDLE	Welsh		Margaret	WIDDLE			ghlin
			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS			
(VES. NO OR UNKNOWN)			213-07-3	3914	Patrick T. W	Welsh Sa	me a	s Line	13e
18 CAUSE OF DEAT	H (Enter or	ly one cause per	line far (a), (b), and	lice		SIGN SARTON	10.17	BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DEATH W	AS CAUSE	D BY:	RESPIRAT	ORY	FAILURE				Plant
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Canditions, if any	which				LUNG				
gave rise to imr	nediate	DUE TO O	DACACONICTOUE	NCE OF			0.75		
					RUCTIVE PUI	LMONARY DIS	EASE		
PART 2. OTHER SIGN	VIFICANT (CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVE	N IN PART 11	0
190 DATE OF OPERA	NON	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED				
						YES NAT			NO [
4.0	-	110110		V VEAD	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM 18 PAR	RT (OR PART 2)	
		AIH							
		21e PLACE	OF INJURY		211. LOCATION	C174 OD 10144		COUNTY	STATE
NOT WE AT WO	TILE RK	(AT HOME STE	REET, FACTORY, OFFICE, FA	IRM ETC)	STREET	CITYONTOWN		COONIT	STAIL
220.1 certify that (I)	(the Kaspi	tal) attended th	e deceased fram	SEP	PEMBER8 19 85				
saw the decease	ad alive an	SEPTEM	BER17 19 8	35	nd that in (my) $X_{ m ur}$) apinion (death accurred an the date	and have	and Iram the	causes stated
22h SIGNATURE	1/	T'	arrer dearn.		DEGREE			22c CIATE	SIGNED /
1.	(/wed.		-	M. D. ATTENDING PHYSICIAN F	MEDICAL STAFF	to	9)	17/25
22d PHYSICIAN'S N	AME TYPE C	OR PRINT)		•			f	1	1
LUZVIM	TNDA	K. PE	REDO		100 NORTH	BROADWAY 2	1231		
	R Aryland CITY OR TOWN OF DEA Saltimore UAL RESIDENCE (IF NURS STATE Aryland FATHER'S NAME FIRST John WAS DECEASED EVER (VES. NO OR UNKNOWN) 18 CAUSE OF DEAT PART I. DEATH W Conditions, if any, gove rise to improve to impro	RICHA RI	RICHARD A RACE Whit Maryland CITY OR TOWN OF DEATH CALLIMOTE Whit Maryland CITY OR TOWN OF DEATH CHUTCH WAS DECEASED EVER IN U.S. ARMED FORCES? WW II IS CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate cause [a], stating the underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CO PART 2. OTHER SIGNIFICANT CONDITIONS CO PART 2. OTHER SIGNIFICANT CONDITIONS CO PART 3. OTHER SIGNIFICANT CONDITIONS CO PART 4. MODERATION P. P	RICHARD ARCE White White BUTTIAL CONTROLOR ARYLAND L.S.A. CITY OR TOWN OF DEATH BALTIMORE JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE STATE IB COUNTY BALTIMORE JOHN WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) WW II BCAUSE OF DEATH (Enter only one cause per line for (a), (b), one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last CARCINOMA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE PART 3. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DE PART 4. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DE PART 5. NAME CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED AND WHILE PART 2. CERTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED AND WHILE PART 2. CERTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED AND WHILE PART 2. CERTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED AND WHILE PART 2. CERTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED AND WHILE AND WHILE PART 2. CERTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED AND WHILE AND WHILE PART 2. CERTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED AND WHILE PART 3. PROTECTION OFFICE, FACTORY, OFFI	RICHARD White RICHARD White 12 White S. DATE (MONIT ON COUNTRY) AMARRIE WILLIAM OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) SALTIMORE JUS. A. II. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE IT IS COUNTY MODIE ATHER'S NAME FIRST WORD WEISH WHIT IS CAUSE OF DEATH (Enter only one couse per line for rol, rol, and rolling gove rise to immediate couse (a), stating the underlying couse lost PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATIO 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATIO 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT 21d. INJURY OCCURRED AND WHILE OR PRINTING 19b. CONDITION FOR WHICH OPERATIO 21c. INTURY (AT HOME STREET, PACTORY, OFFICE, FARM, EIC.) AT WORK 22d. PHYSICIAN'S NAME (17PE OR PRINT)	RICHARD WELSH RICHARD WHITE 12 22 1909 BETHPLACE (STATE OR FORE ON DEATH STATE OF PORCES) MARRIED NEVER MARRIED NEVER MARRIED MODICE MIDOWED MARRIED MODICE MIDOWED MARRIED MODICE MIDOWED MARRIED M	RICHARD RICHARD WELSH SEPTEMBER A CRACE S.DATE OF BIRTH SEPTEMBER LARGE SEPTEMBER S.DATE OF BIRTH SEPTEMBER SEPTEMBER SEPTEMBER SALTIMORE CITY OR CHIV OR TOWN OF DEATH SEPTEMBER SEPTEMBER SEPTEMBER SALTIMORE CITY OR SEPTEMBER SALTIMORE CITY OR SEPTEMBER SEPTEMBER SALTIMORE CITY OR SEPTEMBER SALTIMORE CITY OR SEPTEMBER SEM	RICHARD WELSH RICHARD WELSH SEPTEMBER 17 ARACE S. DATE OF BRITH MODITION TO A AGE (MYTERS) AND BRITHADAY TO AGE (MYTERS) AND AGE (MYTER	RICHARD RIC

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 236 DATE 9/20/85 Burial

23t. NAME OF CEMETERY OR CREMATORY

73d. LOCATION

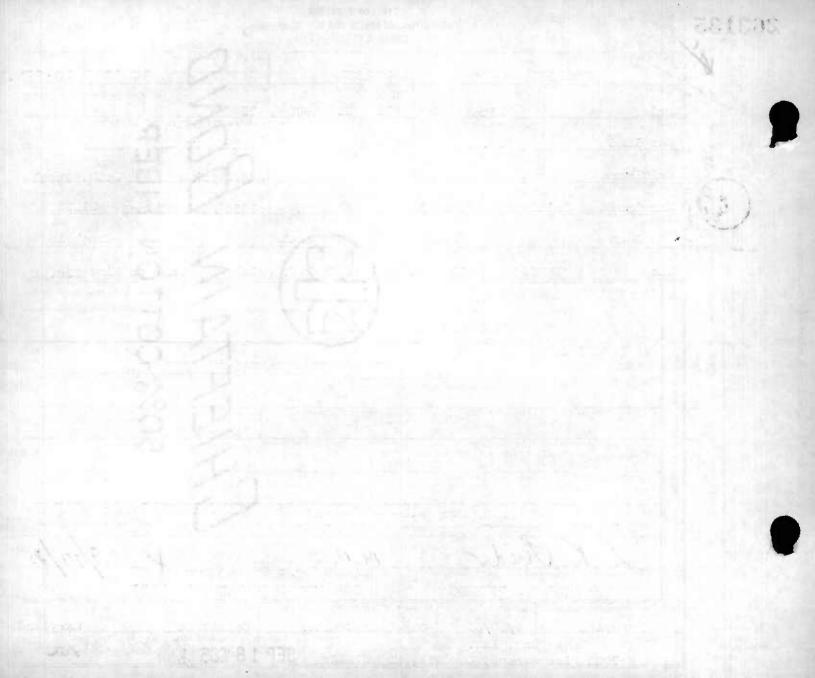
COUNTY STATE

Duda-Ruck, Inc. 7922 Wise Avenue, Dundalk, MD 21222

Oak Lawn Cemetery Baltimore Maryland

1250. DATE REC'D. BY REGISTRAN 210 REGISTRAN'S SIGNATURE

SFP 18 1085 Fully Variable



CERTIFICATE OF DEATH

DHMH - 16 60M 7/84 (VRA 15, 4)

254139

- STATE

24 FUNERAL DIRECTOR Walter Brooks Bradley, Inc. Dundalk, Md. 21222

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO BALTIMORE CITY OR COUNTY OF DEATH RETAIL FOOD ARCINOMA 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY STATE

Maryland

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

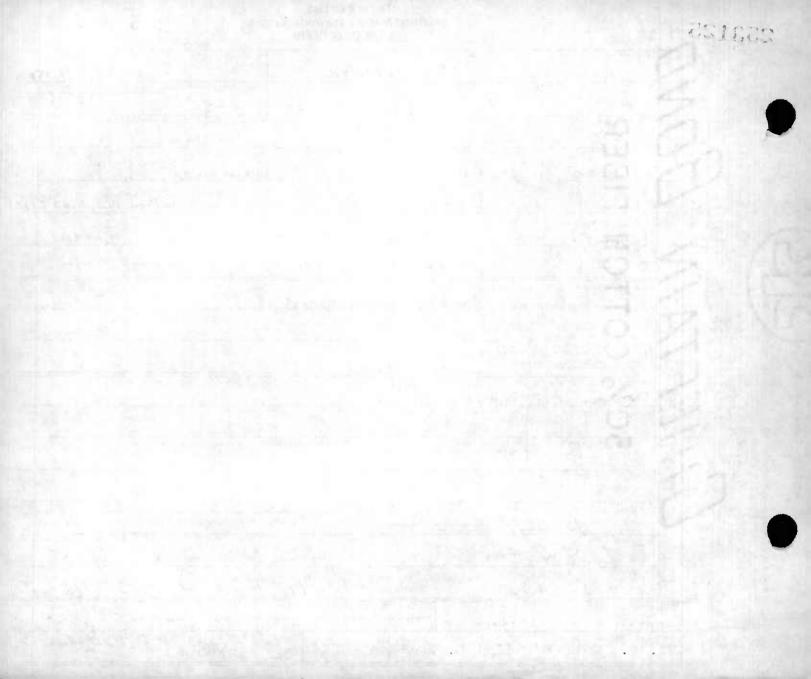
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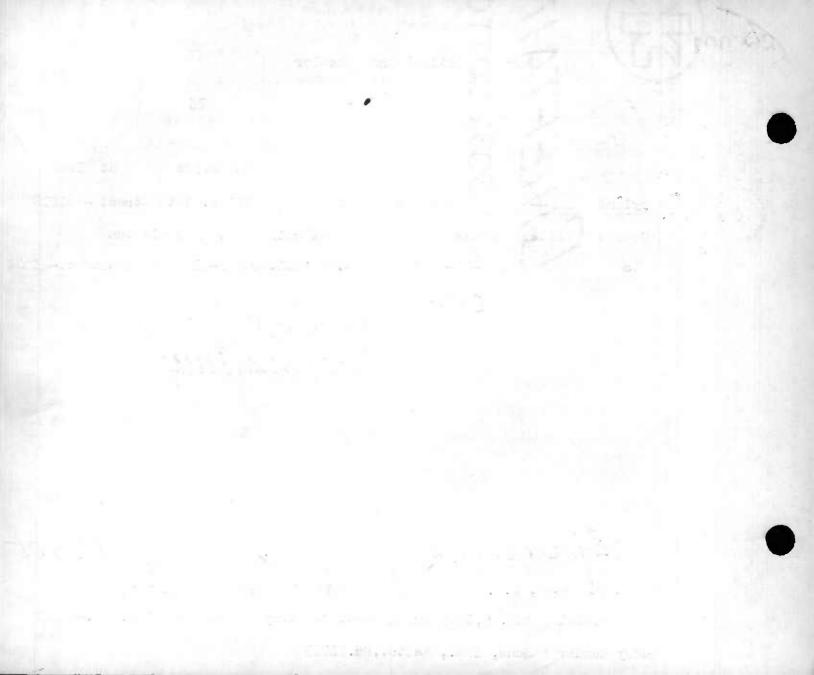
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3125	1 -	FOR STATE SEGISTRAR	DEPAI	RTMENT OF H	EALTH AND MENTAL HY CATE OF DEATH	GIENES 5	2 5	5 5	S
11 8		CEASED NAME FIRST OR PRINT) ESTELLI	MIDDLE .	wh	eelen	20 DATE OF DEATH	MONTH DAY	YEAR 26	HOUR //:/5
ars of	3. SE	F	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BI	RTHDAY) IF I		UNDER 24
OZ on 72		OUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIE		BA(+14	_	DEATH	
Se de le		3Altinoze	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR UG & Md.	HOSPI	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST)	OF WORKING LIFE)	12b. KIND OF B	BUSINESS
old be	13a. S	TATE 13b. COL			13d INSIDE CITY LIMITS?	13e STREET ADDRESS 710 Manhin	/ ZIP CODE) Luther	King B	LVD
ond 2 sh	4. FA	THER'S NAME CLOCKY		LTON	15. MOTHER'S MAIDEN N.	WIDDLE		Gnee	N
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d by the ottendir eose remove cort ot, cremotion, or or other troumotion	57.70	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSECTION (b) Se(Z) DUE TO, OR AS A CONSECTION (c) UNIX NOC	Res	(०५५			81	en
y. y	CERTIFICATION	PART 2. OTHER SIGNIFICANT ENDSTAGE CH	tF. D. Hockes S	IPCVA		200 AUTOPSY?	20b IF YES, W	/ERE FINDING:	S USED DEATH?
D	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	19	211. HOW INJURY OCCUI		JRY IN ITEM 18 PART		STAI
TOR: After the or use as the or Use as the of Heolth one of Leolth one of I is morked	W		pital) attended the deceased from 15	m 8	nd that in (my) (our) opinion	5, to 5/1	. 19.	S.C., tho	t (1) (we)
detoched forte Dept. of T. If Hem 2		276 SIGNATURE	f. An		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		224 DATE 910	SNED 85
should be d			nour		220 ADDRESS Wofyd		Ballino	ne 14	1
	BI	urial, cremation, remova specify) JRTAT neral director			EMETERY OR CREMATORY HILL CEMETE	23d LOCATION CITY OF TOWN L RY ANNE A TEREC'D. BY REGISTRAN	RUNDAL	CO. N	1D STATE

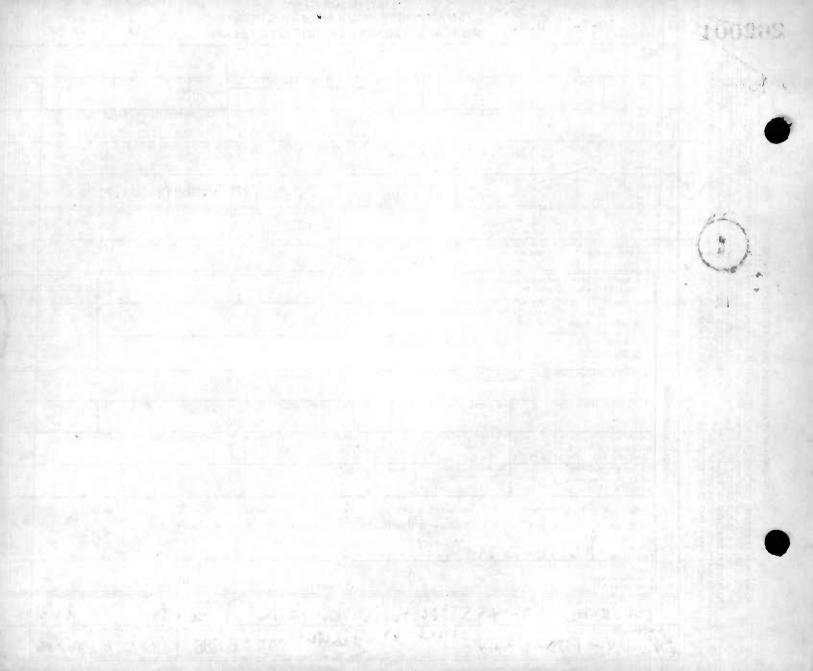
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WM. C. MARCH F/H 1101 E. ADD NORTH AVENUE

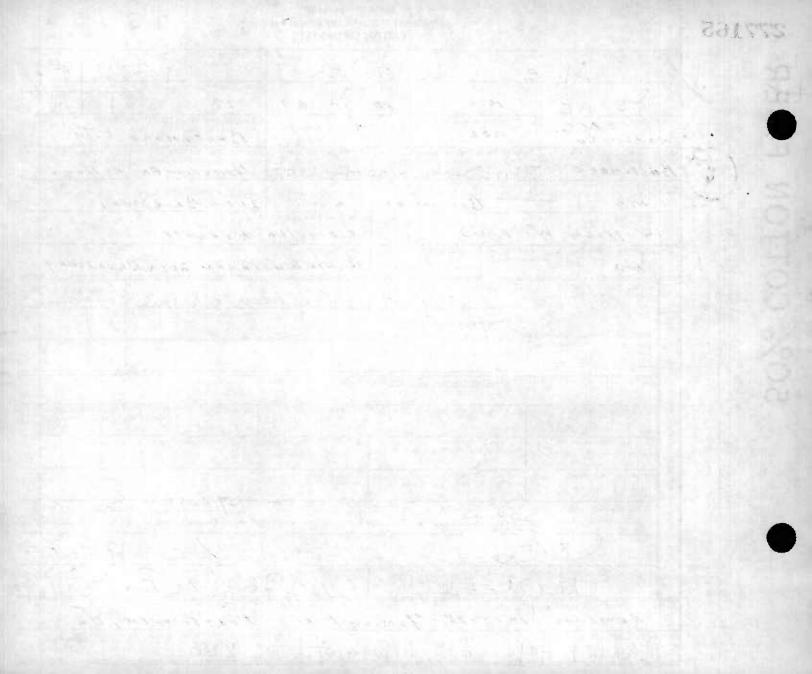




		REGISTRAR	****	14		EXAMIN	IEK'S C	EKTIFICA	IE OF BE	RLO	. NO.	.5 /	
T. 85.5.		CEASED NAME E OR PRINT) WI	llie		WIDDIE		W	neeler		20. DATE KNOWN OF ESTI- DEATH MATED		9 1985	26. HOUF
TABLE TO THE CLOR. THAIN PAGE 5 FOR YOUR FILES. SOURCES 201 W PRESTON STREET,	3. SEX		5. 1	DATE OF BIR	Y YEAR	6 AGE (IN YE LAST BIRTHD	ARS IF UN		INDER 24 HRS	PRONOUNCED DEAD	монтн	9 1985	6:36
PRESTOR YOU	7a BII	RTHPLACE (STATE OR RELIGIA COUNTRY)		CITIZEN OF		NTRY?	8	D NEVER	MARRIED	9 BALTIMORE CIT		Y OF DEATH	
NO C	10. CI	TY OR TOWN OF DEATH Baltimore		(IF NOT IN SUCI	FACILITY GIVE	URSING HOM STREET ADDRESS)	E, OR OTHE	RINSTITUTION	1 12a US	SUAL OCCUPATION MOST OF WORKING LIFE)		0R INDUST	
0835	3a. S1	L RESIDENCE (IF IN NURSIF TATE 131	COUNTY	HER INSTITUTION	13c. C11	E BEFORE ADMISS Y OR TOWN LTIMOR		13d. INSIDE CITY LI	MITS RI COIN	REEL ADDRESS TH	AVE.2	1217	
30	M.FA	THER'S NAME FIRST LL. TAM COMM		IDDIE		LAST		SARAH	MAIDEN NAM WHEEL!	MIDDLE		LAST	
SS /	160. W	VAS DECEASED EVER IN	U.S. ARMED YES, GIVE WAR			6-62-4		17. INFORMAN	T	ADDŖ	ESS		
AS A BURIAL, TRANSIT FERMIT, AITH AND MENTAL HYGENE, DI CREMATION, OR REMOVAL	7	18 CAUSE OF DEATH (PART I DEATH WAS IA Conditions, if any gave rise to im cause (a) stating th lying couse last. PART 2 OTHER SIGNIFICANT (c)	CAUSED BY MMEDIATE C , which mediate e under-	AUSE (a) DUE TO, (b) DUE TO, (c) RIBUTING TO OE	Seiz ORASACO	ure di:	OF OF		N IN PART 1 'a			BEI WEEN ONSE	T AND DEATH
USED AS A I	CERTIFICATION	19a. DATE OF OPERATION		196 CON	DITION FOI	R WHICH OPER	RATION WA	AS PERFORMED)?			2D AUTOPSY' HEAD	ONLY
SHOULD BE USED PARTMENT OF HE RIOR TO BURIAL		210. EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING CA			OF INJURY	H DAY YEAR	21¢ HO	W INJURY OC	CURRED (ENTER	NATURE OF INJURY IN ITEA	A 18 PART 1 OR PART	7 2)	
201 P	MEDICAL	21d. INJURY OCCURRED WHILE NOT WE AT WORK AT WOR)	21e PLAC	E OF INJUR	Y (AT HOME, ETC.)	21f LOC	ATION		CITY OR TOWN	COU	NIY	STATE
TO FUNERAL DIRECTOR: PARTER DE ATTER DE A		220 I certify that I to death resulted from: ACTUAL SIGNATURE	ak charge af	the remains auses X,	described ab Acciden		Autaps:	Hamicide	IFY)	Inquiry ,	and in my api , DATE SIGNEE)/85
PAGE 4 SP TO FUNER AFTER DEA BALTIMOR		EXAMINER'S NAME (TYPE OR PRINT)	Ma	argari	ta A.	Korell	, M.D.	DDRESS1			lto.MD.		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 277165 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR YPE OR PRINTS 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 VIR MONTH VEAR 7 10 Ema VPS **BALTIMORE CITY OR COUNTY OF DEATH** TO CITIZEN OF WHAT COUNTRY? To BIRTHPLACE MARRIED T NEVER MARRIED BALFIMONE MARFIN CO DIVORCED [WIDOWED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR INDUSTRY ALTIMORE HONGMAREN AT HOME ISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13b COUNTY 131 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 201 N BRODDWAY ALTIMUNG NO I 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST CAMILLA EVERBET 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT nedico (IF YES, GIVE WAR OR DATES) WILLEWHITAKEN 2014 BRUADWAY 1-2 18 CAUSE OF DEATH Enter only one cause per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES -NO [Hygu 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71g. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ento MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 71d. INJURY OCCURRED 21e. PLACE OF INJURY 0 CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the couses stated abave, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATUR DEGREE 22c. DAJE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN be de MPORTANT 22e ADDRESS 27d. PHYSICIAN'S MAME LIYPE OF PRINT ld b 0 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 73b DATE CITY OR TOWN STATE Plas 16 EMOUNE RYSMUUTH BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)



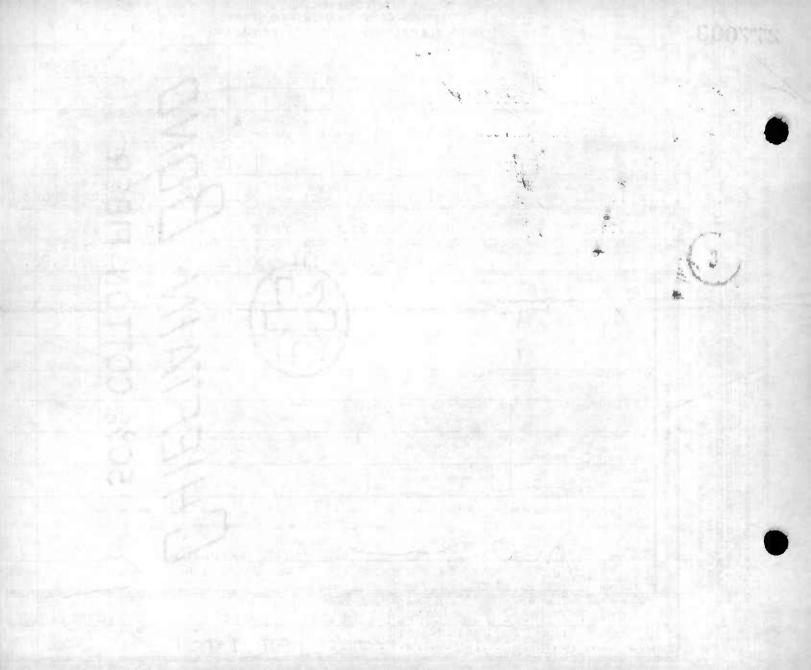
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 277003 MEDICAL EXAMINER'S CERTIFICATE REGISTRAR L DECEASED NAME 20. DATE KNOWN MONTH DAY YEAR (TYPE OR PRINT) ESTI-TO THE FUNERAL DIRECTOR.

I PAGE 5 FOR YOUR FILES.

BE FILED, WITHIN 72 HOURS

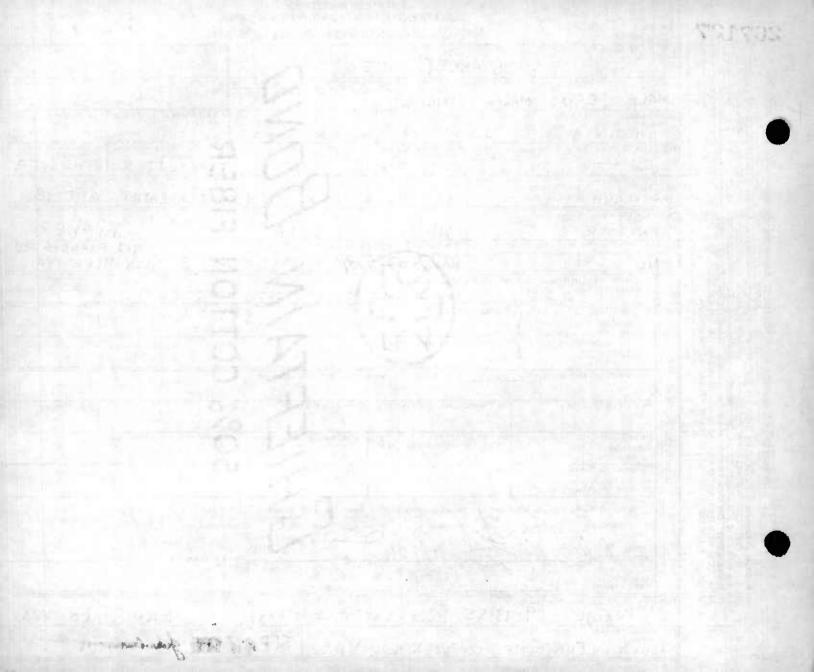
SS-201 W, PRESTON STREET, DEATH MATED WITITIAM WHITAKER Jr. 1985 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER IF UNDER 24 HRS DATE 2d HOUR T BIRTHDAY) PRONOLINCED 11:05 Oct.21,1948 Black 36 Male DEAD 10 85 To BIRTHPLACE (STATE OR 75 CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED North Carolina United States WIDOWED DIVORCED Baltimore City IB CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE)
Laborer AND SEEF 815 W. Baltimore None Saratoga St. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) (21201)DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13b. COUNTY Baltimore 138. INSIDE CITY LIMITS? West Saratoga Street Maryland YESX X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST William Carrie Whitaker Sr. Garner 17 INFORMANT2116 North APercy Street, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) 214-54-4869 William Whitaker(father)Phila, Pa. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Chronic renal failure IMMEDIATE CAUSE (a), OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In USED AS A B CERTIFICATION 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BUR YES [NO X DEPARTMENT 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 2 14. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR PRIOR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WORK EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY X 22a. I certify that I took charge of the remains described above, held an and in my apinion death resulted from: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL M. Assistant 9-22-85 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., MD Mt.Calvary Baptist Church Cemetery 230 BURIAL, CREMATION, REMOVAL 236 DATE countorth STATE 09/28/85 Halifax County, Carolina 07/84 BP 25M 24 FUNERAL DIRECTOR LATNEY'S Funeral Home 250. DATE REC'D, BY REGISTRAR **DHMH - 17** 3831 Ga. Ave. NW; Wash Tington, D. C. 20011 (VR AT5 ME (5))

STATE OF MARYLAND



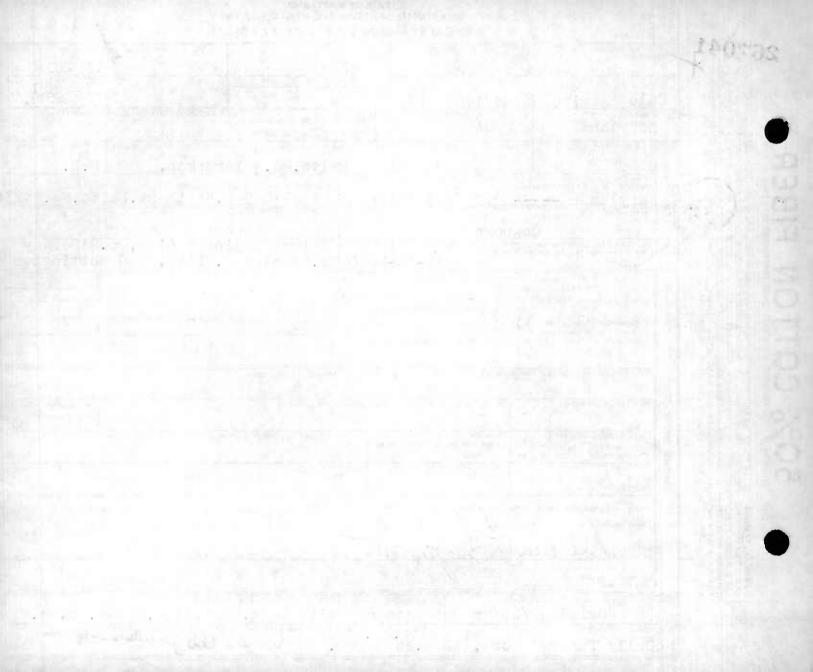
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	ID. 21201 IF ANY DELAY IS NECESSARY, PLEASE 2. AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. 2. SHOULD BE FILED, WITHIN 72 HOURS. PRECORDS: 201 W. PRESTON STREET.	10. C	Baltimore	4		PITAL, NURSING HOM PILITY, GIVE STREET ADDRESS) PEWAY Apt.	I8	er institution	EOR MOST OF WORKING	LIFE)	NEWSPA	RY
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF GEATH REGISTRAR I. DECEASED NAME KNOWN XX MONTH DAY 20. DATE YEAR 2b HOUR TYPE OR PRINT OF ESTI-HOURS STREET, Stanley A. B. White 9-17 19 85 4 RACE 3 SEX 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 10:36 DATE LAST BIRTHDAY PRONOUNCED Male White 28/190 10 85 YRS p. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Baltimore City, WIDOWEDX DIVORCED 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Balto.Md Yardsman. R.R. Baltimore 9 W. Heath Street SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS W. Heath St. Balto . Md . 21230 Baltimore Mary land A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Unknown Unknown Ellicott OPty.Md.21043Way 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (YES, NO, OR UNKNOWN) 215-10-2620 Mr. Stanley A. White, 8030 Nottington No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO. CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF HE YES [NOXX BU 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNKRAL DIRECTOR: PAGI FIER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Inspection XX 22a I certify that I took charge of the remains described above, held an Autopsy Hamicide death resulted from Natural causes Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 9-18-85 SIGNED EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 9/20/85 Burial Garden of Faith Cemt. Rossville. Balto. Co. Md. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE Balto.Md.21230 **DHMH - 17** Funeral Home, 130 E. Fort Ave. (VR A15 ME (5))

STATE OF MARYLAND



262054

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF DEATH	REG.	NO.		* s &
	CEASED NAME FIRST ROSE	MIDDLE	WHIT	FIELD	20 DATE OF DEATH	9 12		2.45 A
3. SE	F	1. RACE	5. DATE O	F BIRTH DAY VEAR OI	6 AGE (IN YEARS LAST		FUNDER : YEAR	IF UNDER 24 HRS HOURS MIN.
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13.	ITY OR TOWN OF DEATH	13. NAME OF HOSPITAL, N	e STREET ADDRESS)	Hoggestin	TYPE OF WORK FOR MOS			F BUSTNESS OR
130. 3	AL RESIDENCE (IF NURSING HOME STATE	UNTY		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	stran		
t	ATHER'S NAME WHITH MAN	pries	srî		DRIGE MIDDLE	18/12/15	112 7/51	3
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	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	(5)		YPOTENS ZENAL	nE			
TION		CONDITIONS <u>CONTRIBUTIN</u>	G TO DEATH BUT F	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVE	V IN PART 110	
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	22h SIGNATURE Amback	lu Wor	eta, il		MEDICAL ST	AFF ICIAN P	22c DATE :	12/85
	AMBAU	HEN WO	RETA	9233	WINDING	WAY E	LLICOT	CITY

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TO HOSPITAL

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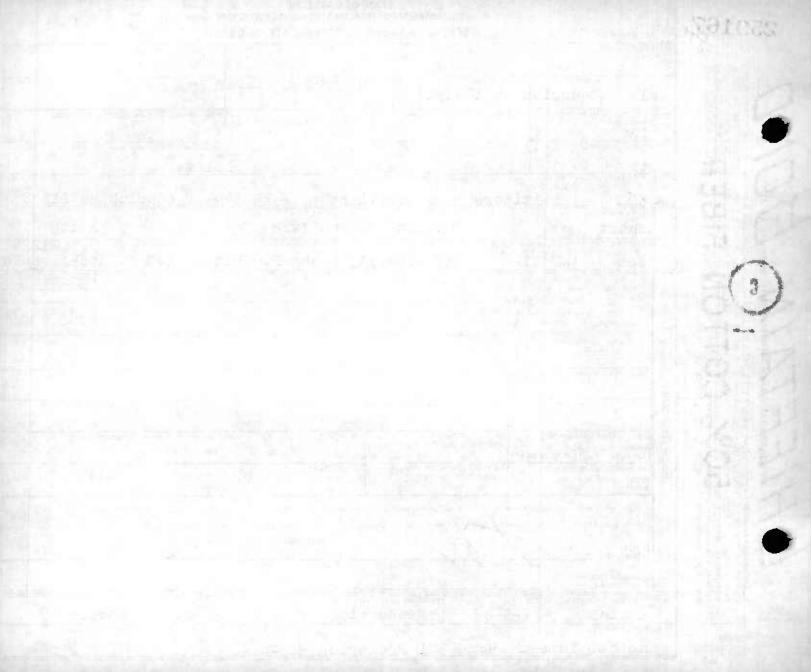
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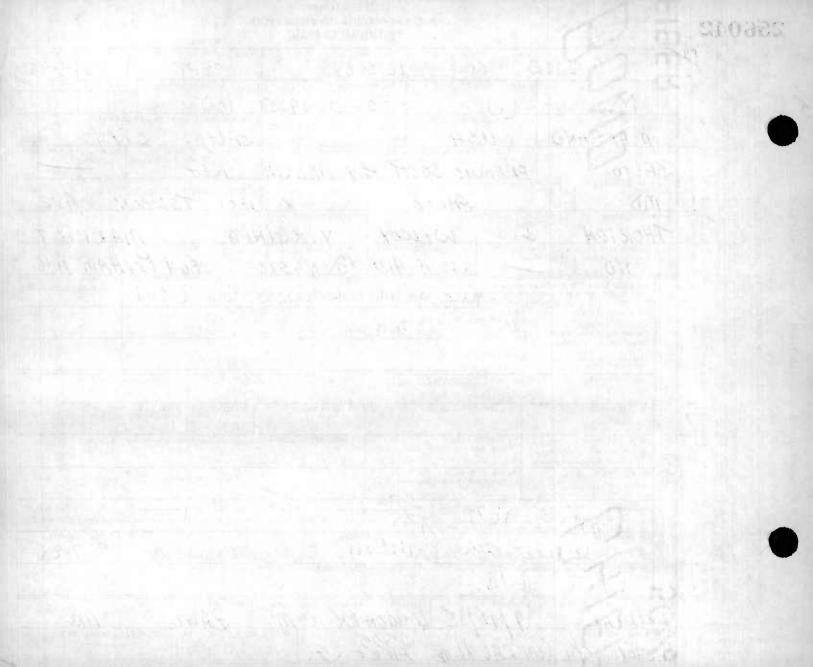
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	3#93E# -	1	SIGNATURE	-	1//		M	D. Assis	stant MEI	DICAL EXAMINER	SIGNED	9/6/8	35
	NO SE	1	EXAMINER'S NAME										
	TO MEDICAL EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH BARTIMORE N		(TYPE OR PRINT)	Greg	ory R. F	Kauffman,	M.D.	ADDRESS		in St.			
	584544 -	23e.B	URIAL, CREMATION,			23c. NAME OF				OCATION	COUNT	γ <	TATE
07/84	BP	1	Burial	9	-9-85	Mead	owrid	ge Mer	m. Pk	Elkridge	e How	ard I	MD
25M	DHMH - 17	24 F	UNERAL DIRECTOR		ADDRESS			250	DATE REC'D. B	Y REGISTRAR 256, RE	GISTRAR'S SIC	E-a	- L
	(VR A15 ME (5))		MacNabb	Funera	1) Home	301 Fr	ederi	ck Rd	SEP 1	3 1985	is Davidso	n-Asnde	62
		-			- 110 III C		CACTT	ATT TAM	- the				



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256042	1-	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HY	GIENE 5	2 5	0	
deorth be		CRASED NAME FIRST OR PRINTS WALTER	MIDDLE	WIL	.Co×	20. DATE OF DEATH SEPT	MONTH DAY	YEAR 85	528 AM
ge 4 moy be rector, page 3 ors ofter deoth	3. SE	M	RACE	5. DATE O	- 09-1935	6 AGE (IN YEARS LAST BIR	YRS.		IF UNDER 24 HRS HOURS MIN.
death. Po		MARYLAND	CITIZEN OF WHAT COU	MARRIE		BALTIMORE CITY OF	C /	+4	MD.
by the filled with	B	ALTO	FRANCIS S	COTT &	EY MED CEN	128 USUAL OCCUPAT	ION OF WORKING (#E)	126. MIND O INDUSTRY	F BUSINESS OR
filled in hould be	130. 5	nb I	THER INSTITUTION, GIVE RESIDENCY 136. CITY O	E BEFORE ADMISSION) R TOWN	138. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	412	AVE
od within	1	HORTON 1	L. W	i LCOX	VIRGI	NIA	m	ARK	IOT
oe exection on or		AS DECEASED EVER IN U.S. ARMI ES, NO OR UNKNOWN]	WAR OR DATES)	18-4138	MESDEN 151	0 386	4 PEL	HAM	AVE
rtificate be g physician on populi emoval		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: WALLY	CARDIAL	INFARCTION	S, ALLEN E	DEMA	BETWEEN	MATE INTERVAL ONSET AND DEATH
e death cer ottending mave carbo nation, ar re traumotic e		Conditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF LABOR	S				
that the cap the cap by the calease remains, cremat		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEOUENCE OF					-
equires t n signed Then ple ta burio	NO	PART 2 OTHER SIGNIFICANT CO		G TO DEATH BUT	NOT RELATED TO THE TER/	AINAL DISEASE OR CON	DITION GIVEN	IN PART 110) ·
he law r. an. hos bee t permit. ene prior	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES [IG CAUSES	OF DEATH?
PHYSICIAN: The ending physicia this certificate the buriol-tronsit ad Mentol Hygie d or Item, 18 sho		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	
or othending After this ce is as the buring oith and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
TTENDIN pital ar TOR: Afi for use a af Health 21 is mar		220.1 certify that (I) (this haspital sow the desired dilive on above the ded) (did not)	919	19 85 01	1983 nd that in (my) (our) opinion	death occurred on the	ate and hour ar		that (I) (we) lost couses stated
ration and your the hosing the hosing the hosing detached detached to the host. If I tem		226. SIGNATURE	9 aux		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		220 DATE	SIGNED 7-85
HOSPII ined b FUNE ruld be h the Si		22d PHYSICIAN'S NAME (TYPE ORF	(E)		22e ADDRESS			× 1111	
PP	23a. 1	URIAL CHEMATION, REMOVAL	9/11/85	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	5	OUNTY M	d STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	Vo P	INERAL DIRECTOR NAME OTOCONIO SKI LIII	VEDAL Home	DRESS 250	250 DA	TE REC'D. BY REGISTRAN	256 REGISTRA	R'S SIGNAT	URE
	ΔQ	V VIII FUI	THE PERSON NAMED IN	1.166					



	1-	FOR STATE REGISTRAR			DEPARTI	MENT OF I	E OF MARY	D MENTAL HY		REG. NO.	2 5	5 6) 6
264038		CEASED NAME	first NN		MIDDLE W.	ILEY	AST		20. DATE OF D			YEAR	26 HOUR 08:40pm
deg deg	3. SE.		LATA	4 RACE	T 44-	5. DATE	OF BIRTH		6 AGE (IN YEAR			NDER I YEAR	IE UNDER 24 HRS
ge 4 m ctor. p		EMALE		BLACK		MONT 6	2	36 YEAR			THS DAYS	HOURS MIN.	
eoth Po		RTHPLACE (STATE OR FO	M D	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOW	D X NEVE	R MARRIED DIVORCED	9 BALTIMORE BALTIM			DEATH	MD.
s offer d		TY OR TOWN OF DEA	ТН	(IF NOT IN SUC	HOSPITAL, NURSIN CHFACILITY, GIVE STREET HNS HOPK	ADDRESS)	OR OTHER I		128 USUAL OCCUPATION 128, KIND OF BU			F BUSINESS OR	
24 hour	13a S	AL RESIDENCE LIF NURSII ARYLAND	136 COUL		GIVE RESIDENCE BEFORE		13d INSIDI	CITY LIMITS?	13. STREET AD	ORESS / ZII	CODE AV	212 E. A	15 PT 811
ed within	The same of	THER'S NAME	TTS	MIDDLE	LAST			RY RICH		AIDDLE	1	LAS	T
on and co	160 V	VAS DECEASED EVER I		MED FORCES? E WAR OR DATES)	16b. SOCIAL SECU 220-36-		MAR?		3 1100	ADDRESS PENNS	SYLVA		, 10
rentificate ne physicie bonpoper removal.	ψ1.÷	PART I. PEATH WA	AS CAUSE	ly ane cause per D BY: E CAUSE (a)	and the second	dien LiAC	Ar	rest				4	MATE INTERVAL ONSET AND DEATH
the death ce the attending remove carb	300		Conditions, if ony, which gave rise to immediate									nin	
by by		gave rise to immediate couse (a), storing the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Breast CANCER TYPEARS (c) METASTATIC Breast CANCER TYPEARS									TEARS		
signed in the state of the stat	NO	PART 2 OTHER SIGN	IFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TERM	MINAL DISEASE C	R CONDITIO	ON GIVEN	IN PART He	,
The low r kion. te hos bee sit permit giene prio	CERTIFICATION	198 DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PER	FORMED	200 AUTOPS	Y? 201 IN	CERTIFYING YES	G CAUSES	IGS USED OF DEATH? NO
IYSICIAN: T ding phycin s certificate build-transi Mentol Hygi	-	21a. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC	AUSE OF DEA	TH HOUR A.	OF INJURY M. MONTH D. M.	AY YEAR	21t. HOW	INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN	ITEM 18 PART I	OR PART 2)	
G PH er thr er the s the s and	MEDICAL	21d. INJURY OCCURRI	LE C		OF INJURY REET EACTORY, OFFICE F	ARM ETC)	21f LOCA	TION	C	ITY OR TOWN		COUNTY	STATE
ATTENDING sopial or of sopial or of the soft of the so		220.1 certify that (1) saw the decease above, (1) we lide	dalive an	9/13	19_	85	1/17	19	deoth occurred o	n the date o	19_ and hour on	d from the	that (we) last causes stated
the hor the hor to DIRE		226 SIGNATURE	n.	DuBo	an	1	DEGREE	ATTENDING PHYSICIAN (MEDICAL DIRECTOR	STAFF	de	220 DATE	13/85
O HOSPITAL O HOSPITAL TO FUNERAL should be dele with the Store		22d. PHYSICIAN'S NA	ME (TYPE O	Du Bo	15		22e ADDF	ESS 600 NJ.	WOLFE, S	TREET	BALTI	MORE,	MD 21205

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b, DATE BURIAL 9-18-85 23c. NAME OF CEMETERY OR CREMATORY

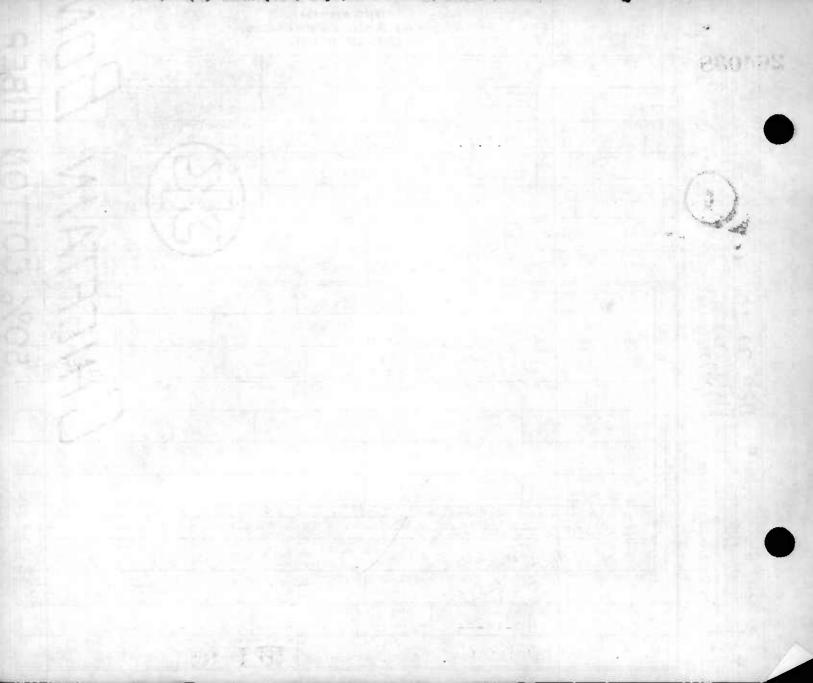
BALTIMORE

23d. LOCATION

STATE

24 FUNERAL DIRECTOR
WM. NAC. MA MARCH F/H 1101 E. NORTH AVENUE 250. DATE REC'D. BY REGISTRAR 251. REGISTRAR'S SIGNATURE

CEMETERY



Female

BIRTHPLACE (STATE OF FOREIGN

(TYPE OR PRINT)

FIRST

STACEY

4. RACE

White

MIDDLE

Nicole

76 CITIZEN OF WHAT COUNTRY?

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

LAST

5. DATE OF BIRTH

WILHIDE

Sept. 9, 041985 YEAR

MARRIED NEVER MARRIED X

REG. NO

SEPTEMBER 10, 1985

9 BALTIMORE CITY OR COUNTY OF DEATH

20. DATE OF DEATH MONTH

6 AGE (IN YEARS LAST BIRTHDAY)

4

26 HOUR

0:24

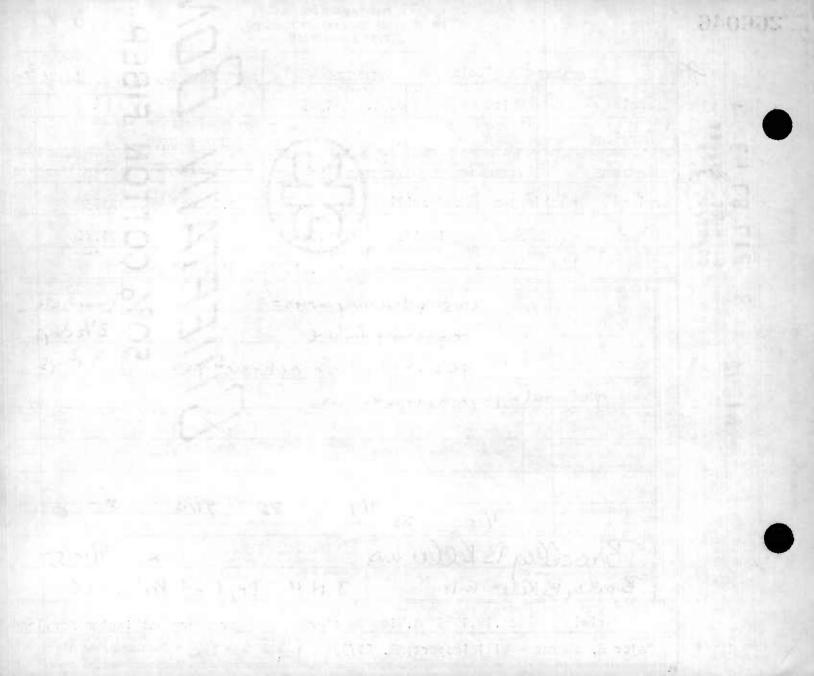
(geen) direct, page 3	ments hours other death	5941
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office samples	Prigms, Lond 2	200
ed signed by the attending payment	emave carban popen.	Involuen or removed
Prograph by	They pieces	a to bearing or
40	-	- 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

C	Mary land		USA		MARRIED	□ NEVER MARRIE □ DIVORCE		BALTIMORE CITY		MD.
B/	TY OR TOWN OF DEA ALTIMORE		JOHNS	HOSPITAL, NURSING HEACILITY, GIVE STREET ADD HOPKINS H	RESS)			20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING I	17b. KIND OF BUSINES INDUSTRY	S OR
130 S 130 S	AL RESIDENCE (IF NURS TATE Y land	Wash i	other institution TY ngton	GIVE RESIDENCE BEFORE AD 13, CITY OR TOWN	le !	3d INSIDE CITY LIM YES NO [YS? 1	3e STREET ADDRESS / ZIP COD Rt. 1 Box# 49A	21756	
FA	THER'S NAME FIRST Mark		gene	Wi^lihid∈		Laurie	EN NAM	Ann	Giffin	
	/AS DECEASED EVER ES NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	16b. SOCIAL SECURIT		Mark E.Wi	lhide	address e (item 13 abo		
	PART I. DEATH W	'AS CAUSED	y ane couse per DBY: E CAUSE (0)	(cuciopal		my arre	st		BETWEEN ONSET AND D	
	Canditians, if any,		DUE TO, OI	R AS A CONSEQUENT	- 6	failure			2 /zday	2
	gave rise to imm cause (a), statin underlying couse	g the	DUE TO, OF	RAS A CONSEQUENT	- 1	uluovar	yh.	putensia.	3 days	
NOIL		vificant c	il asphi	yxia, hy	soten	ision	IE TERMIN	AL DISEASE OR CONDITION GIV		
CERTIFICATION	19a DATE OF OPERA	THON	196 CONDI	ITION FOR WHICH O				YES NO NO Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH ES NO	ls.
	21g. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEA	TH 21b. TIME O HOUR A.	M. MONTH DAY	YEAR 19	21c HOW INJURY (OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	PARI I OR PART 7)	
MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WO	IILE 🗆	21e PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FARA		LOCATION STREET		CITY OR TOWN	COUNTY 5TA	ATE
	22a.l certify that (1) saw the decease obove, (1) (we) (c	ed alive on.	TIC	0 19 8	5 , ond	that in (my) (our) o	opinion de	oth occurred on the date and how	19 that we will will we and from the couses state	e) lost ed
	Bro	cll	en B	Keller	UND.	GREE ATTEND PHYSIC	OING	MEDICAL STAFF DIRECTOR PHYSICIAN	91085	
	Brack	AME (TYPE OF		WD.		7. H. F	1.	Dept. of Ped	l'atrics.	
	URIAL, CREMATION, SPECIFY) Buria		Sep. 14	1,1985 Mt.\				23d. LOCATION CITY OR TOWN Sharpsburg Was		lan
	Mayor M.Os	sborne	will	aimsport,	1D. 2		SEAT	REC'D. BY REGISTRAR 231, BEGIS	IRAB'S SIGNATURE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA

TAL	HY	GIEN	Ba	à.
TH			9	

	Com	2	Ö	0	- (
G. NO.					

	REGISTRAR				CERTITI	CAIL OI L	LAIII	REG. NO).		8 1-19
	CEASED NAME	FIRST	A	AIDDLE	t/	AST		20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
		ANTHON	TY .	W.	WI	LKES		9/18/85			949 P M
3. SE	X	4	RACE		5 DATE O	FBIRTH		6. AGE (IN YEARS LAST BIRT		UNDER TYEAR	IF UNDER 24 HRS
	MALE		BLACK		7	5 DAY	1960	25	YRS	DATS	NOURS MIN
70. BI	RTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF	WHAT COUNT	RY? 8	NEVER /	MARRIED VI	9 BALTIMORE CITY O	COUNTY	F DEATH	
M	IARYLAND		U.S.A		WIDOWE		VORCED	BALTIMO	RE CIT	Υ	MD.
10. C	ITY OR TOWN OF DEA	TH 1	1. NAME OF H	OSPITAL, NUI	RSING HOME O	R OTHER INS	TITUTION	170 USUAL OCCUPATION			F BUSINESS OR
В	ALTIMORE		St. A	gnes Ho	spital			LABORER		DEPT.	OF SANT
	STATE	136 COUNT	THER INSTITUTION	13c. CITY OR T		13d INSIDE C	ITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
	IARYLAND			BALTI	MORE	YES X	NO 🗌	5208 BELLE	/ILLE	AVENUE	, 21207
14 FA	ATHER'S NAME FIRST	M	DDLE	LAST			S MAIDEN NAM	ME			ST
)	LEDELL			HOLL			TRICE			WILK	.ES
	VAS DECEASED EVER		ED FORCES?	16h SOCIALS		17 INFORMA		ADDRE			1
	10	-		217-84	-3636	BEATR	ICE WIL	KES, 5208 B	ELLEVI		
	18 CAUSE OF DEATH			line for (a), (b)		,		1 1		BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PARTI DEATH W	IMMEDIATE		MASSIV	E pu	MONAI	my EV	abolism.			
	1		DUE TO, OF	R AS A CONSE	OUENCE OF			+/ /.			
	Conditions, if any, which (b) DEED LEFT FEMORAL Thrombosis										
	cause (a), statin										
	underlying cause last. (c)										
7	PART 2 OTHER SIGN	I IFICANT CO	NDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONE	ITION GIVEN	V IN PART IN	0.
MEDICAL CERTIFICATION											
ICA	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WH	ICH OPERATION	N WAS PERFO	DRMED	200 AUTOPSY?		WERE FINDIN	
F	Nor	~~						YES NOT	YES		NO 🗌
Ü	21a. ACCIDENT WAS UND OR CONTRIBUTING	-	216. TIME OF		DAY YEAR	ZIC HOW IN	IJURY OCCURR	RED (ENTER NATURE OF INJUR	IN ITEM 18 PAR	TIORPART2)	
Q.	(IF EITHER NOTIFY MEDIC	AL EXAMINER)	P./		19						
MED	21d INJURY OCCURR		21e. PLACE C	OF INJURY EET, FACTORY, OFF	ICE, FARM, ETC)	21f LOCATIO		CITY OR 10	٧N	COUNTY	STATE
-	AT WORK NOT WH	it k				/					
	22a I certify that				- /	//2	19 75		B	25	that (we) last
	saw the decease abave, (1) (we) (c	id alive an	view the bady	after death.			(aur) apinian c	death accurred an the da	te and havr o		
	22b. SIGNATURE	1	00		M	PEGREE	ATTENDING	MEDICAL STAF	F h	22c. DATE	SIGNED
	1/	100	ieu		1 1		PHYSICIAN [DIRECTOR PHYSIC	IAN,		
	1	WE THEOR		ARDI"		22e ADDRES	PATOR	· AVENUE		2112	0
	. / 4	11ANDE	> >						0	2/22	7
	BURIAL, CREMATION,	REMOVAL	23b. DATE		3c. NAME OF C			23d. LOCATION	DE MAD	SOYN'Y NID	STATE
	BURIAL		9-22-1	985	MT. AUE	SURN CE	METERY	BALTIMO	KE MAR	YLAND	

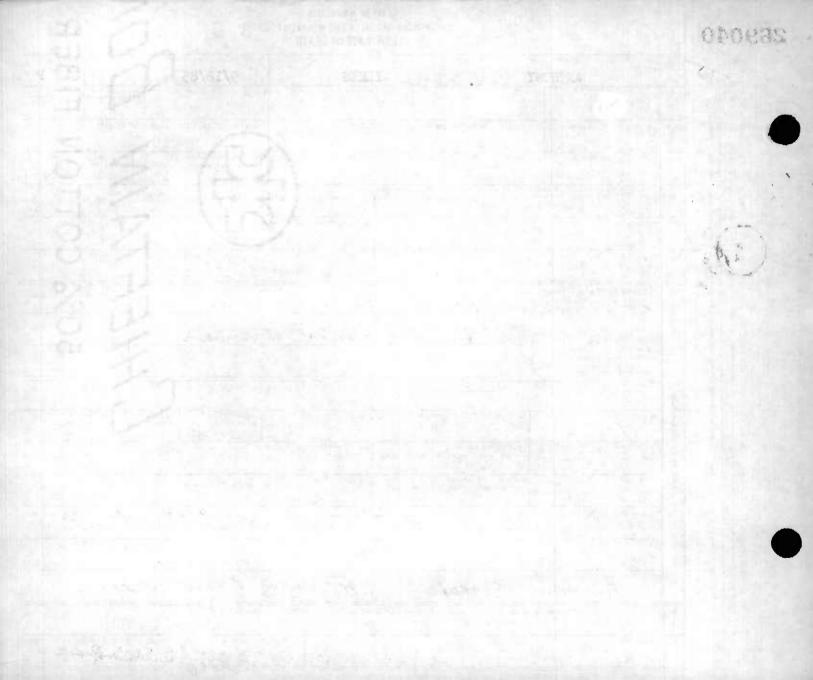
DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

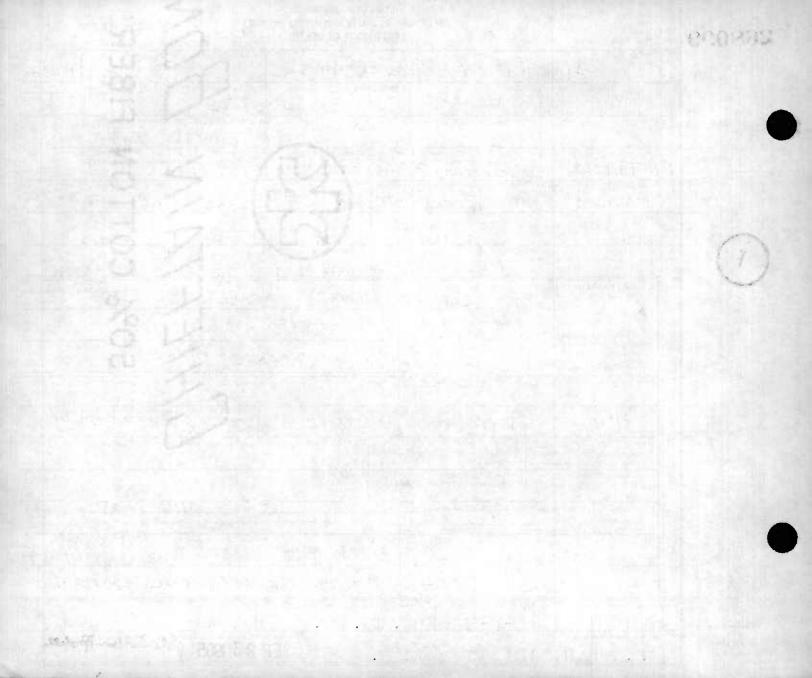
MPORTANT: If Item 21 should be detached with the State Dept.

> MI. AUBURN CEMETERY NUTTER SONS FUNERAL HOME, LINC. 2501 GWYNNS FALLS PARKWAY, BALTIMORE,



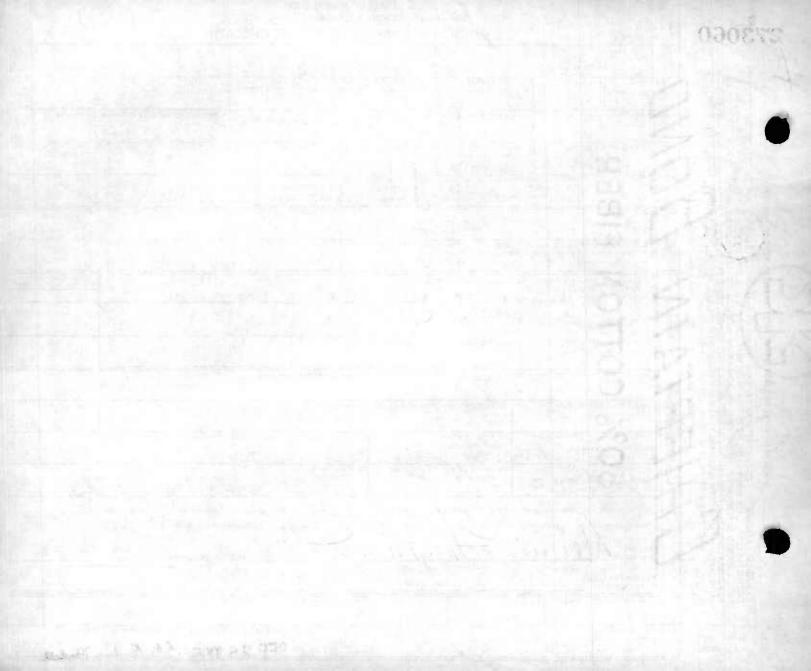
DHMH - 16 60M 7/84 (VRA 15, 4)

off as one of methers o domest .- and all the color till content that of District V. Comes 4001 Stachto Many Lalto Hill

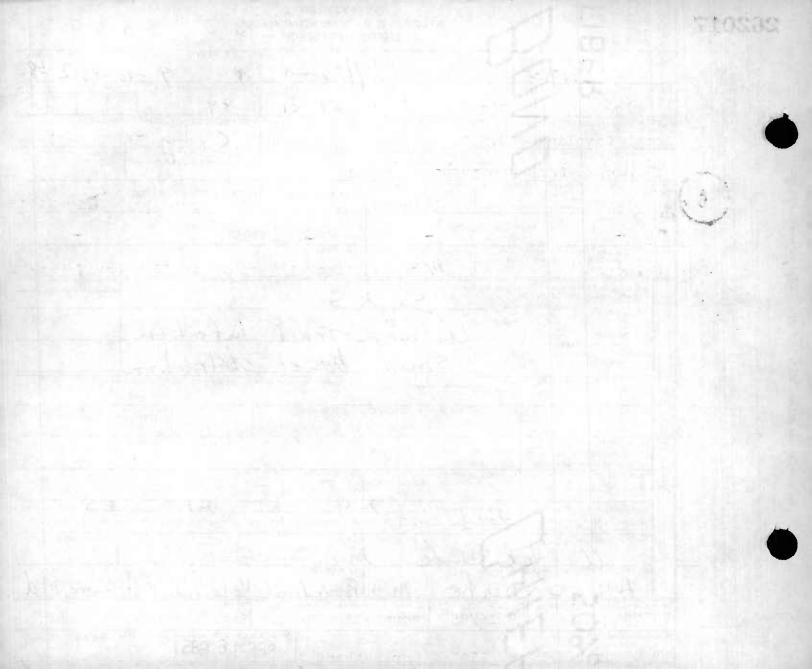


27	3060	11-	FOR UN STATE REGISTRAR	K.#85-/2	MEI	DICAL E	XAMINER'S	CERTIFICATE (OF DEATH	2 5 REG. NO.	0/1	
1	0000	1. DE	CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST	2a. DATE KI	NOWN X MOI		26 HOUR
1	A SERVED			Franklin		T.		lliams	DEATH A		9-23 19 85	
1	N STREET	ma.		black	DATE OF BIRTH	1953	AGE (IN YEARS IF UI LAST BIRTHDAY) MON 31 YRS.	NDER 1 YR. IF UNDE	MIN. PRONOUNCE	MON CED	9-23 19 85	3:12
die	ANTE -	To BI	RTHPLACE (STAT		Th. CITIZEN OF WE		nva Is	US- 0 451/50 440	9 BALTIMO		UNTY OF DEATH	y a. n
	HANGE FOR	FO	REIGN COUNTRY)	3.5	USA	1		RIED NEVER MARI	-	imore C	i +x2	
	O SEE SEE	10. CI	TY OR TOWN OF		11. NAME OF HOS	CILITY, GIVE STE	SING HOME, OR OTI	HER INSTITUTION	128 USUAL OCCUPA FOR MOST OF WORKIN	ATION (TYPE OF W		JSINESS IRY
-	A DELA	WSUA	L RESIDENCE (IF	IN NURSING HOME OR	OTHER INSTITUTION, GI	VE RESIDENCE B	Vine Stre					
2120	48 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	13o S	Md	136. COUNTY	1		imore	13d. INSIDE CITY LIMITS? YES ■ NO □	13e STREET ADDRES	s lulberry	21223	
Q.	E-SOF	14 FA	ankst		MIDDLE	1.	AST	15 MOTHER'S MAIL	DEN NAME	DLE	LAST	
1	S Wa ZIN	1					own	Rebecca			Gillyar	·d
3	Ba 5/32 /	160. V	S, NO, OR UNKNOW	EVER IN U.S. ARME		16b. SOCI	AL SECURITY NO.	17. INFORMANT		ADDRESS		
ALT	ASERS!		No			219-	62-3453	Rebecca V	Villiams 10	13 W M	ulherry St	treet
- 23	N N N N N N N N N N N N N N N N N N N		18 CAUSE OF	DEATH (Enter anly	one cause per line	far (a), (b),	and (c).)				APPROXIMAT BETWEEN ONSE	E INTERVAL
2	SEN SEN SE		PARTIDEA	TH WAS CAUSED I		inshot	Wound of	Head	(unspecifie	d)	OLIVIER GIVE	, AITO DEATH
0	AE OKEN	100		MUNEDIATE			SEQUENCE OF					
100	E=86.48	100		if any, which							1. 1.	
×.	OR TRUCK			ta immediate oting the under-	DUE TO, OR	AS A CONS	EQUENCE OF			1175		
102	N A A A A		lying cause	lost.			2021-02				A 18 8	
38,3	AND ATIO	- 14	PART 2 DTHER SIGN	IFICANT CONDITIONS CO	NTRIBITING TO DEATH	BUT NOT PEI AT	TO TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN P	ART 1			
AL RECORDS,	ULD BE EXECUTED WITHIN "PENDING" IN PENCIL IN THE MEDICAL EXAMINER A ED AS A BURIAL - TRANSIT HEALTH AND MENTAL HY. CREMATION, OR REMO	z		TOTAL COMMITTIONS	WINDOWN TO GENTLE	DOL HOLKERI	TO TO THE TERMINAL DISEA	SE DK COMUITION GIVEN IN F	AKI F (B).			
A S	MEN WEN	MEDICAL CERTIFICATION	19g. DATE OF C	PERATION	196 CONDI	TION FOR W	HICH OPERATION V	VAS PERFORMED?			20 AUTOPSY	(?
IAI	THIS CERTIFICATE SHOUDD BE E. WRITING THE WORD "PEN WARDED TO THE CHIEF MA CHAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEAD A ST	FIC	A TALK		1						YES XX	NO []
OF VIT	WO BE	ER	210 EXTERNAL	CAUSEWAS	21b. TIME OF	INJURY	121c. H	IOW INJURY OCCURR	ED LENTER NATURE OF INJUI	RY IN ITEM 18 PART 1		NO []
0	2 H H H H H H	10	UNDERLYING	XIX OR	1	_	DAY YEAR					
Sio	RTIFI NG 1 SHC RIOI	200	21d. INJURY OC	CURRED	21e PLACE (ubject was	Snot			
DIVISION	SET	ME	WHILE	NOT WHILE TO	STREET, FACT	ORY, FARM, ET	.)	STREET	CITY OR TOWN	•	COUNTY	STATE
	E, WRI RWARE PAGE STATE	10	AT WORK	AT WORK	st St	reet			Vine St.,	Baltimo:	re,Marylar	na
	VER: THI CATE, W FORWA FORWA OR: PA(THE STA)	No.	22a. I certify	that I took charge	of the remains des	Gibed goov	e, held on Auto	psy X, Inspect		, ond in m	ny opinion	
-	MIN HELD		death resulted	yom Natural	cours	Keyllent	Suicide _	Hamicide XX.	Undetermined man	ner,		
	CERT CERT JID I		1	10000	104	1	41 mis	DITTE (SPECIFY)				
	A HOUSE		SIGNATURE_	llllu	10/X	Muy	19 1000	Assistan	nt_MEDICAL EXAMI	NER SI	ATE 9-23-8	35
	ORA SET					. /				2.	0100	
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		EXAMINER'S N (TYPE OR PRINT	Denni	is F. Smy	th,UM	.D.	ADDRESS 111	Penn St., B	alto.,	Md. 2120	T
	BATO PAG	23a.B	JRIAL, CREMATIO	ON, REMOVAL 236	DATE	23c. N	AME OF CEMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY S	STATE
07/84	BP		rial	1	0/1/85	Ki	ng Memoria	1 Park	Randalls	town	•	Md
25M	DHMH - 17	24. FI	JNERAL DIRECT	OR .			•	25e DATE	REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNATURE	
•	(VR A15 ME (5))	Wi	Miam C.	. March F	/H Inc W	est 4	300 Wabash	Ave SF	P 26 1005	Sitia Sou	idea Banko	
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STATE OF MARYLAND



262017	1.	FOR STATE REGISTRAR	DEPAR	RTMENT OF H	EALTH AND MENTAL HYG	SIENES 5 2 5	672	
e 4 may be trac, poge 3 s offer death		CEASED NAME LIST X Male	4. RACE Black	S. DATE C		Q U	5-7 40	
edite death Pograph Fuseral direction of the f	Sc	RITHPLACE (STATE OR FOREIGN COUNTRY) Outh Carolina ITY OR TOWN OF DEATH But more	76 CITIZEN OF WHAT COUNTR	MARRIE WIDOWI SING HOME (EET ADDRESS)	D NEVER MARRIED SEED DIVORCED DO DIVORCED	9. BALTIMORE CITY OR COUNTY C	LTIMORE) MD. 176 KIND OF BUSINESS OR INDUSTRY	
d with 22 ton please of E	130. Ma		NR OTHER INSTITUTION, GIVE RESIDENCE BER	ORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN NA FIRST	13e STREET ADDRESS / ZIP CODE 2304 Druid Par ME	rk Drive2121	
cion and comers. Pages, c	(vas deceased ever in u.s. a yes, no or unknown) yes, g nknown	IVE WAR OR DATES)	CURITY NO.	17. INFORMANT Elizabeth 1	ADDRESS Broumskin 2304	Druid ParkDi	
equires that the death certificate be a signed by the attending physiciar. Then please remove corbanappers. to buriol, cremation, ar removal. injury, or other troumatic event, the	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSECUTION OF THE TOTAL OF	nary QUENCE OF	Tract bowel NOT RELATED TO THE TERM	Infection Obstruction What disease or condition given	N IN PART 1(5)	
The law relicion.	CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHI	CH OPERATIO				
OR ATTENDING PHYSICIAN; The hospital or attending physician properties of the principle of the princip	MEDICAL CI	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this hasp sow the deceased alive a obove; (1) (we) (did) (did in	HOUR A.M. MONTH	19 TE, FARM, ETC.)	71f. LOCATION STREET 19 19 10 10 10 10 10 10 10 10	CITY OR TOWN City or Town 15, to 9-10 19 death occurred on the date and hour of	COUNTY STATE That (I) (we) lost and from the causes stated	
TO HOSPITAL OR retoined by the ht TO FUNERAL DIRE should be detoche with the Store Dep IMPORTANT: If the		27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE BURIAL, CREMATION, REMOVA	Dube 123b. DATE 123	MD R. NAME OF C	DEGREE M. ATTENDING PHYSICIAN PHYSICIAN PROVIDENT EMETERY OR CREMATORY	MEDICAL STAFF DIRECTOR PHYSICIAN	: more, Md	
BP DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	URTAL UNERAL DIRECTOR IN C March F/H	9/16/85 HInc. 1101 E	5		Lansdowne, refer to by registrar 256 Registrar EP 16 1985	ARS SIGNATURE NO.	



STATE OF MARYLAND 263160 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 2a DATE OF DEATH 1. DECEASED NAME FIRST MONTH 7b HOUR (TYPE OR PRINT) SEPTEMBER 14. 1985 10:10a VERNA CATHERINE WILLIAMS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH IF LINDER LYEAR sept. 14, 1929 White Female BIRTHPLACE ISTATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY Pennsylvania U.S.A. WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION GITY OR TOWN OF DEATH 12a USUAL OCCUPATION 17% KIND OF BUSINESS OR Cook-Christian Home JOHNS" HOPKINS "HUSPITAL BALTIMORE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1126 COUNTY 13. STREET ADDRESS / ZIP CODE Rd #2 Box 64. 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Pennsylvania Duncansville 15. MOTHER'S MAIDEN NAME FATHER'S NAME Yon MIDDLE unknown James Clarabell 17 INFORMANT ADDRESS to WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 195-22-3604 Liebegott Funeral Home, Duncanville, Pa. 18 CAUSE OF DEATH (Enter only one couse per implanting that and ic-PART I. DEATH WAS CAUSED BY: Osberatory IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 216. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on 7/7 obove, (I) (we) (did) (did not view the body after death. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED avery ATTENDING MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN old b 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE STATE Burial 9-18-85 Carson Valley Cemetery Duncansville 24 FUNERAL DIRECTOR 1050 York Rd. DHMH - 16 50M 4/83 who havedoon-Handelle Ruck Towson Funeral Home, Inc. Towson, Md. 21204

(VRA 15, 4)

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NONCHER DRIG KAUREMAN "PER" MRICOPURVES

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGICHER

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Z		CEASED NAME FIRST WILLI	172	R.	WILLI	AMS		20. DATE OF	DEATH	монтн 09	14	YEAR 85	26 HOUR 5:00PM	1
	3 SEX	(4. RACE		5 DATE C			6. AGE INYE	ARS LAST BIR	THDAY)	IF UNI	DER I YEAR	IF UNDER 24 HRS	_
i	MA	LE	BLACK		8	1 5	1909	76		YRS		DATS	HOURS MIN.	
1		RTHPLACE (STATE OR FOREIGN With Carolina	U.S.	WHAT COUNTRY?	MARRIEI WIDOWE	X NEVER		9 BALTIMOR BALTIMO			TY OF D	EATH	M	D.
	BAL'	TY OR TOWN OF DEATH TIMORE	THENJOH	OSPITAL, NURSING	SPETIOS		HOITUTION	120 USUAL C				b. KIND O IDUSTRY	F BUSINESS O	2
)	130. S MA	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN		GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN BALTIMO	4	13d INSIDE C	NO 🗆	13e.STREET A		ZIP CC		TREE	T 212	21
6	1	THER'S NAME LLIE WILLIAM	MIDDLE S	LAST			S MAIDEN NA FIRST LINA		MIDDLE			LAS		
		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	237-22-		17 INFORMA		LLIAMS	ADDRE		N	WOLF	E ST.	
-	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse to!, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT OF Recent Properties of the proper	DUE TO, OR (c) CONDITIONS CO	RAS A CONSEQUENT OF THE PORT O	NCE OF COL	to C	ance	Pulms AINAL DISEASE 200 AUTO	1 113	206. 1F	YES, WEI		year	2 = -
1	MEDICAL CERTI	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTHEY MEDICAL EXAMINES 218. INJURY OCCURRED WMILE NOT WHILE	21e. PLACE C	M. MONTH DA	19	211 LOCATION STREET	NC	RED (ENTER NAT	URE OF INJU			OR PART 7)	NO	-
		220.1 certify that (I) (this hospi saw the deceased alive on above, (I) (we) (did) (did no 221. S.G. LATLIEF	t view the body	ofter death.	, 01	DEGREE	ATTENDING PHYSICIAN [deoth occurred MEDICAL DIRECTOR JUN	STA	FF S				- -
7	23o. 8	WARK JA	MESO/		AME OF C	EMETERY OR	CREMATORY	23d LOCA	TION	47	-	2/2	15	=

BALTIMORE

CEMETERY

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

RELEASED

should be detached for use as the burial-transit permit. Then p with the State Dept, of Health and Mental Hygiene prior to bur

MPORTANT: If Item 21 is morked or Item 18 sha

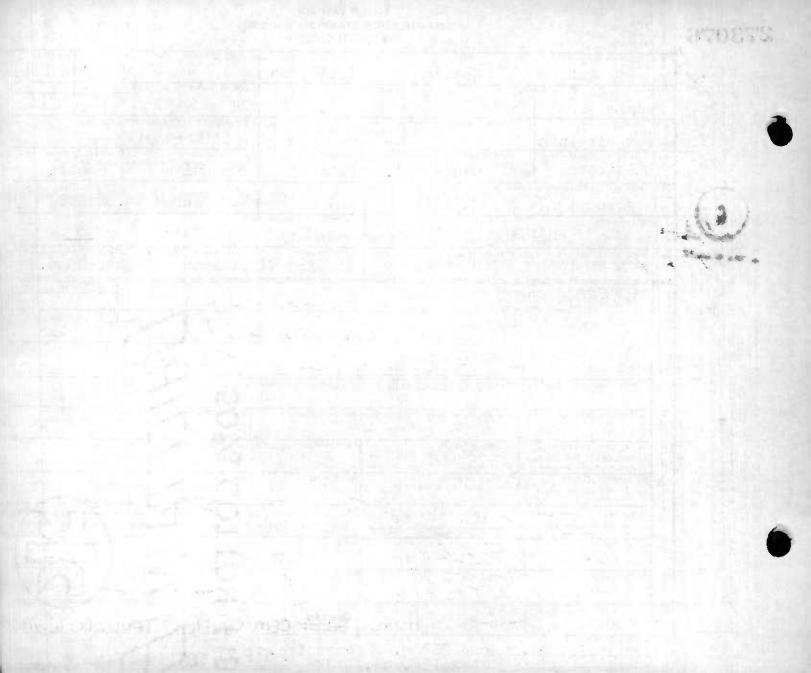
BURIAL. NAME C. ADDRESS MARCH F/H 1101 E. NORTH AVE

9-19-85

BALTIMORE MARYLAND 250. DATE REC'D. BY REGISTRAR 251/REC'STRAB'S SIGNATURE FOR

Toni . I

2	273076	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN 5 2 5 6 7 6 CERTIFICATE OF DEATH REG. NO.							
	/	P DE	CEASED NAME FIRST	MIDDLE		AST		MONTH DAY	YEAR 21	b HOUR	
	: 25 ./		Paulean	Gathea		Williamson		9 25		4:00p	
	y 600	3. SE		RACE	S. DATE		6 AGE (IN YEARS LAST BIRTI		-	F UNDER 24 HRS	
100	350			Vhite	MONT		79	MONTH	S DAYS H	OURS MIN	
4	600	- 1		CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY O	YRS COUNTY OF D	EATH		
	E 16 8 5	C	est Virginia	USA	MARRIE	D NEVER MARRIED	Baltimor				
	P 34 000			NAME OF HOSPITAL NURSIN	WIDOW NG HOME		12a. USUAL OCCUPATION	ON 12		BUSINESS OF	
5	s offe		Baltimore /	303 Chunch	St. 2	1225	Housewif	e WORKING LIFE) IN	OMES	tic	
ND 212	(Take	USU 13 ₀ .	AL RESIDENCE (# NURS TO ME OR OT STATE AT LAND AA	HER INSTITUTION, GIVE RESIDENCE BEFOR 131. CITY OR TOV BALTLM	re admission) VN D'TE	152 160	13. STREET ADDRESS 303 Chur	ch St.	2122	5	
NARYLA		19.57	THER'S NAME Call	Vin Moore	9	Is MOTHER'S MAIDEN NAM	MIPPLE t		LAST		
MORE, N		16a \	VAS DECEASED EVER IN U.S. ARME		JRITY NO.	17 INFORMANT Richard Wi	Baltione lliamson				
., BALTI	ficate b physicial popen, nordi		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE	BY:	nd (c).)	Pulnona	.10		APPROXIMA BETWEEN ONS	SET AND DEATH	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120	quires, that the death ce signed by the attending him please remove carb, to buriel, cremation, or a jury, or other traumatic	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CO	(()	ENCE OF facility		tobac MAL DISEASE OR CONF	0	PART 1(a)	Q	
L RECOR	hos been permit. The permit of the prior recognition of the prior recog	CERTIFICATION	19s DATE OF OPERATION	146. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20k IF YES, WEE IN CERTIFYING YES	CAUSES OF		
OF VITA	SICIAN: The physicing physicing certificate rial-transition from them 18 shall be sh		216. ACCIDENT WAS UNDERLYING CONCENTRIBUTING CAUSE OF DEATH (#1874E. NOTEY MEDICAL EXAMINE)	THE TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	ED (EMER HATURE OF MUIL	Y PLITEM 18, PART 1 O			
IVISION	IG PHYSIC attending ter this cer s the buria s the buria red ar the	MEDICAL	ZIE INJURY OCCURRED WHAT IN NOT WHAT IN	21s. PLACE OF INJURY (AT HOME, STREET, PACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	City ON TOW	" / "	OLIHITY	STATE	
•	TTENDIN pital or TOR: Af for use a of Health		27s I certify that (I) this hamptal saw the deceased alive on above, (I) (are idid) (did not)	attended the deceased from		nd that in (my) (out) opinion o	to to	te and hour and	7 Carlotte Chicago	ot <u>(h (we)</u> las uses stated	
•	by the hos by the hos eleral DIREC se detached State Dept.		228 SIGNATURE	2/12	7 ,		MEDICAL STAF	f	26 S	GNED!	
	TO HOSPIT. TO FUNER should be a with the Ste		22d PHYSICIAN'S NAME (TYPE OR)	2 tishe	8		ning to n	Aue	1	7	
		230.	BURIAL, CREMATION, REMOVAL SPERRY REMOVAL	23b. DATE 23c.	NAME OF	EMETERY OR CREMATORY	238 LOCATION	COUN		STATE	
	BP	24.5	INTERNAL DIRECTOR		urmer	A CELL	REC'D. BY REGISTRAR	TAUL		W.VIT	
	DHMH - 16 25M (VR A 15 (4)) 9/74	M	ccully Funera	al Home 25%	E. Pa	tapscoAve S	P 2 6 1985	Juna Day		0 .	
		-		Balto	1810	(146)		17	I-Males	Andrew St.	



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(VRA 15, 4)

DHMH - 16 50M 4/83

(SPECIFY) BURIAL

230. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY SHAARET TELLOH

STATE OF MARYLAND

CITY OR TOWN MARYLAND BALTIMORE

23d. LOCATION

26 HOUR

126. KIND OF BUSINESS OR

DRESS SHOP

IF UNDER I YEAR

UNKNOWN

COUNTY

22c. DATE SIGNED

310

IF UNDER 24 HRS

21215

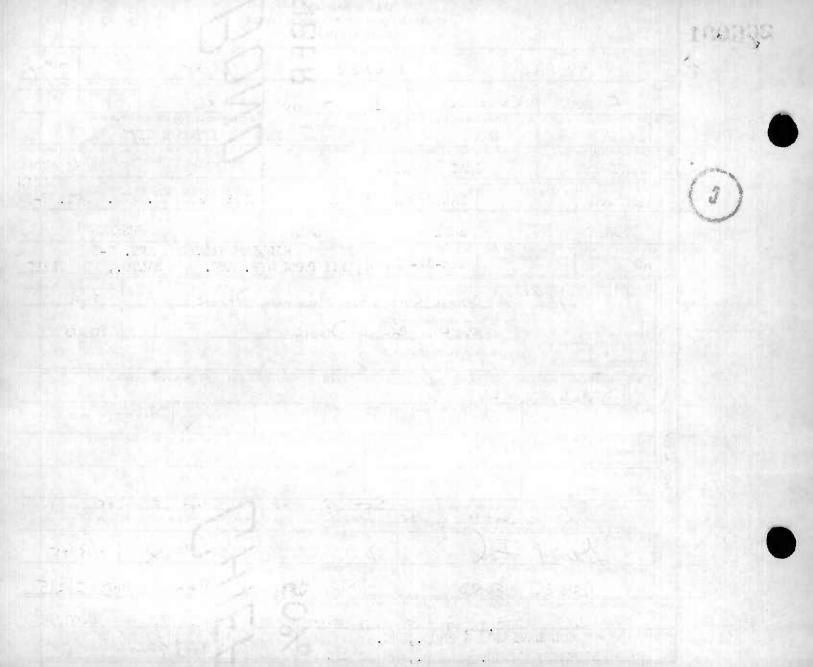
STATE

APPROXIMATE INTERVAL

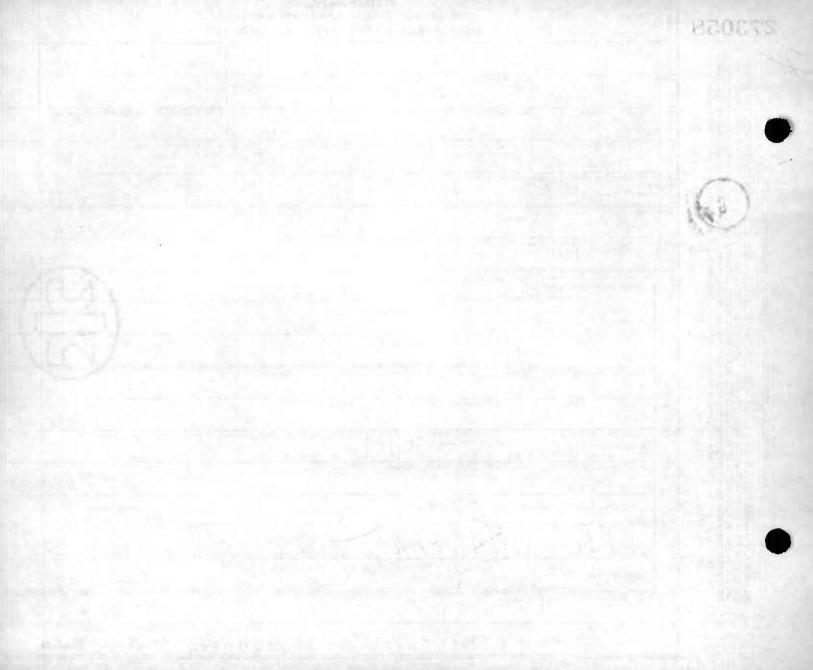
250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

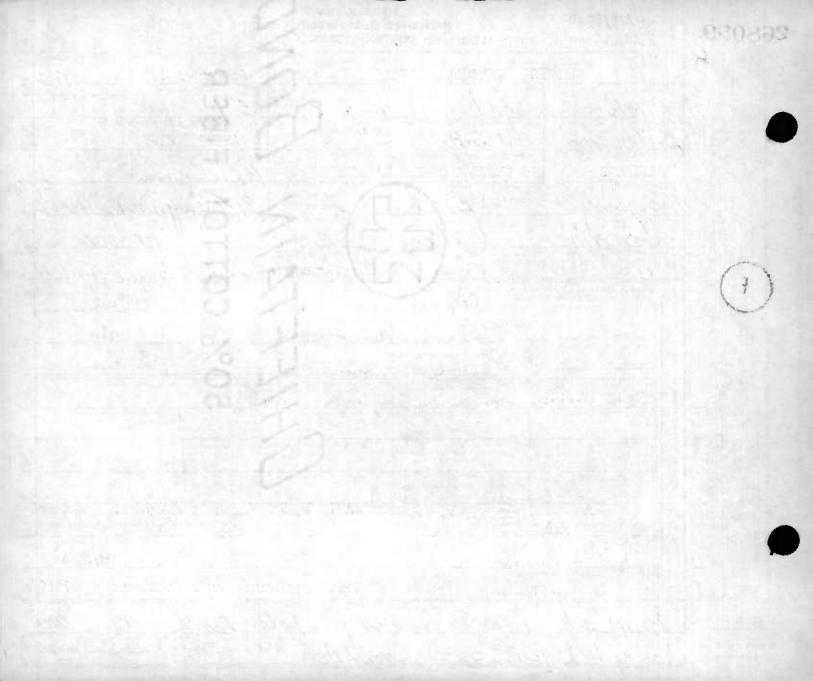
24 FUNERAL DIRECTOR SOL LEVINSON & BROS. , INC. 6010 REISTERSTOWN RD. BALTO, MD 21215

23b. DATE



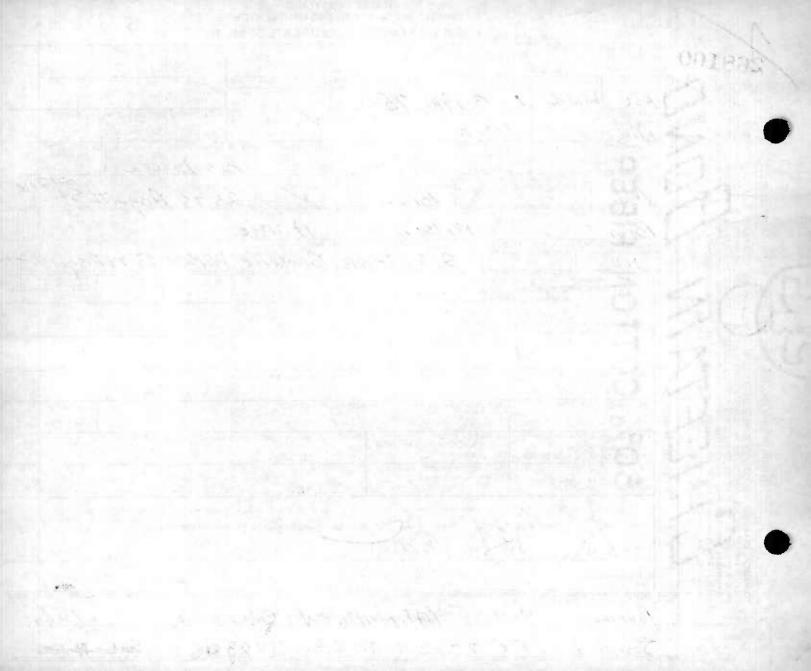
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20	3033		REGISTRAR	200	WEI		EXAMIN	ER'S C	ERTIFIC	CATEO	F-DEA'	TH	REG. N	10.			
7/			CEASED NAME	FIRST		WIDDLE			LAST		2	a. DATE	KNOWN J	X MON	H DAY	YEAR	76 HOU
L	NEGESSARY, PLEASE UNERAL DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS V. PRESTON STREET,			Annie	R			Wi	lson			DEATH	MATED [3-22	19 85	
	PLEASE COTOR. FILES. HOURS	3. SE)	(4. RACE	5. DATE OF BIRTH		6. AGE INYE	ARS IF UN		IF UNDER	24 HRS. 2	c. DATE		MONT	H DAY	YEAR	2d HOU
	NZ L	F.	emale	Black	8 31	YEAR	44 YE	MOITH	S DAYS	HOURS	MIN. P	RONOUN	CED	0	22	OF	10:4
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9	1 00 to 30 1		ATHER'S NAME						15. MOTHE								
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TIMORE, MD. 2120	808 80	Fha V		DEVER IN U.S. AR			IAL SECURIT	/ NO	17 INFORM				ADDRES	c	00.	iles	
N.	and Child	(A)	ES, NO, OR UNKNO		WAR OR DATES)	TAPE TO SE						710					
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N N	124 HO ITEM 1 LONG PERM PERM GIENE		PART I DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Seizure Disorder														
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PRE	A NS			Canditions, if any, which gave rise to immediate (b)										-813			
*	ULD BE EXECUTED WITHIN 24 H "PENDING" IN PENCIL IN TIEM EF MEDICAL EXAMINER ALON ED AS A BURIAL - TRANSIN PER HEALTH AND MENTAL HYGIEN AL, CREMATION, OR REMOVAL.		cause (a)	stating the under-		AS A CON	SEQUENCE (OF.									
201		ATION,	lying cause last.														
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST			PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	IIT NOT RELA	TED TO THE TERM	INAL DISSACE	OR CONDITION	CIVEN IN BAR	97 1						
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E	- CREAS	O.	19a, DATE OF	OPERATION			ensive				DIS	ease			Too		
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	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE ROPE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,		(TYPE OR PRIN	UT) Der	nis F. Sm				ADDRESS				Balto	J., I	Ma.	2120	1
	EDSE49	23a.BI	URIAL, CREMAT	TION, REMOVAL	23b. DATE	23c. N	IAME OF CEA	AETERY OF	RCREMATO	RY	23d LOC	ATION		, (PUNTY		ATE
07/84	BP		BURIAL		9/27/85	CE	edar F	11.1.1		-			unde			δM	
25M	DHMH - 17		UNERAL DIREC		ADDRESS					50. DATE R	REC'D. BY F	REGISTRA				TURE	
	(VR A15 ME (5))	Wi	n C Ma	rch F/E	Inc. 11	.01 H	Nort	h Av	venue	SEF	26	1095	delia	, Main	dron-1	fandes	Z.





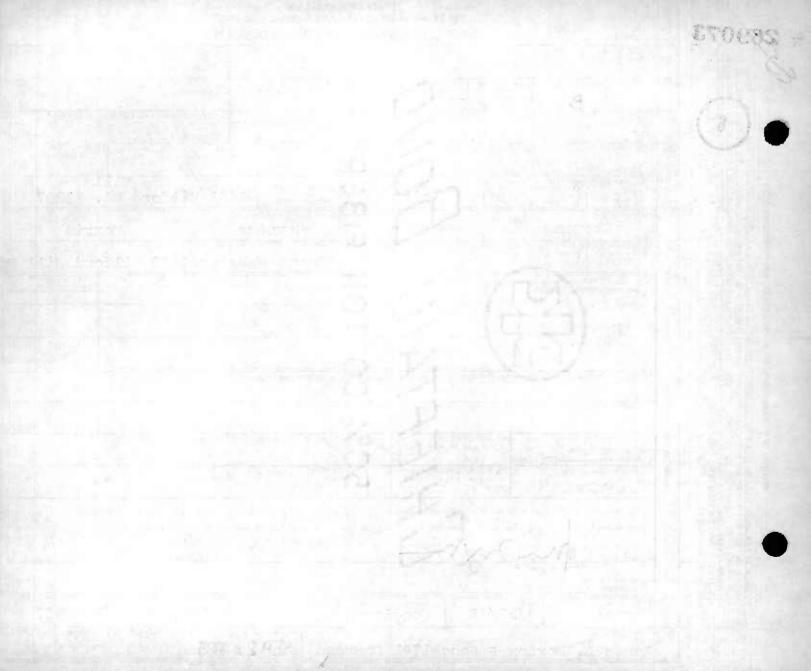
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME FIRST 20 DATE KNOWN X MONTH 2h HOUR OF ESTI-Wilson Melvin DEATH MATED L. 85 19 Y, PLEA IRECTO JR FILE STREE 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE S NECESSARY, PL FUNERAL DIREC S FOR YOUR F D, WITHIN 72 HC DAY PRONOUNCED DEAD To BIRTHPLACE ISTATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS LIE NOT IN SUCH FACILITY GIVE STREET ADDRESS! 900 blk. E. Fayette Street Baltimore USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS FORM PM 3. 14. FATHER'S NAME MIDDLE LAST 166 SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO. OR UNKNOWN) 25 28 AISquith CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot Wound of Abdomen (unspecified) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (B) CERTIFICATION 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO T ADDTOX - 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 21a EXTERNAL CAUSE WAS 11b. TIME OF INJURY HOURX MONTH UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 12:07RM 1985 subject was shot 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) parking lot 900 blk. E. Fayette St., Balto., Md. TO MEDICAL EXAMINER: I EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE ST BALTIMORE, MARY AND 2 Autopsy XX 22a I certify that I took charge of the remains described above, held an Inspection Hamicide XX death resulted from Natural causes Accident Undetermined manner TILE (SPECIFY) MD Assistant DATE 9-4-85 MEDICAL EXAMINER SIGNED Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. EXAMINER'S NAME 21201 TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 07/84 BP. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH** - 17 whia Davidson (VR A15 ME (5))

STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE -- STATE REG. NO MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN IX MONTH (TYPE OR PRINT) OF NATHAN WILSON DEATH MATED 20 10 85 4 RACE 3 SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 5:06 M DEAD 56 29 20 19 85 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! DIVORCED Md. WIDOWED Baltimore City O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 112b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Provident Hospital Baltimore SUAL RESIDENCE HEIN NUMBER Mill 30 STATE Balto 13d. INSIDE CITY LIMITS? Md Milford Rd. 21207 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Bernice MIDDLE Morris Webster Steven 7. INFORMAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) Steven Webster 3403 Milford Mill APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES X NO [3 SHOULD BE DEPARTMENT 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE AT WORK AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. VPAGE 4 SHOULD BE FORW TO FUNRAL DIRECTOR. PATER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 Autopsy X 22a I certify that I taak charge of the remains described above, held on Inspection and in my apinian death resulted fram: Natural causes Hamicide Accident Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant 9-21-85 SIGNATURE ADDRESS 111 Penn St., Balto., MD 21201 EXAMINER'S NAM Ann M. Dixon, M.D. (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY MOTATE Ballto. Burial 9/27/85 Woodlawn 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** James A. Morton & Sons 1701 Lauresn (VR A15 ME (5))

STATE OF MARYLAND



277096	;	1-	FOR STATE 10-7-	11a,PER.PHOEP	RTMENT OF I	EALTH AND MENTAL HYG		2 5 6	8 5
8.5		1. DE	CEASED NAME FIRST OR PRINT)	WIDDLE		AST	REG. N 20. DATE OF DEATH	MONTH DAY Y	EAR Zb. HOUF
page			Singleton	Wilson			9/29/8		
- 2		3. SE		4. RACE	5. DATE (6. AGE IN YEARS LAST BIRT		DAYS HOURS
ige 4 rectos			Male	Black	7	19 41	44	YRS.	
0 0 -	35		RTHPLACE ISTATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIE WIDOW	D NEVER MARRIED DIVORCED	Balto.	OR COUNTY OF DEA	TH
offer d	Officed	10. ⊂1	Balto.	11. NAME OF HOSPITAL, NU	RSING HOME		170 USUAL OCCUPATI	ION 12b K OF WORKING LIFET INDU	
	30 5	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME C TATE 136 COU		OWN	13d. INSIDE CITY LIMITS?	Chinper 13e STREET ADDRESS	2	120
CI	E		Ild.	Balt	0.	YES MO		hawk Ave	
Y.	Somine C		THER'S NAME ILLIAM WILSO	MIDDLE LAST		Anne Maddo			IAST
Duo	T Wedico		VAS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) 1# YES, GI	IVE WAR OR DATES)	SECURITY NO.	Mary Wils	ADDR		ATTO T
iw requires the been signed mit. Then ples prior to burio	any injury, ar other	CERTIFICATION	underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION	(c) CONDITIONS CONTRIBUTING			IN AL DISEASE OR CON	1206. IF YES, WERE F	INDINGS USER
has per	SMO	TIFIC					YES NO NO	IN CERTIFYING CA	NO T
CIAN: phys ertifica al-trar atal Hy	9 9 9		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE INFERTHER, NOTIFY MEDICAL EXAMINER	EATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PA	RT 2)
PHYS rending this of the burned	morked or R	MEDICAL	ZId. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		2H LOCATION STREET	CITY OR TO	wn CON	TY S
Se A a l	21 is			pital) attended the deceased from 27 1	no de	nd that in (my) (our) opinion	death accurred on the d	ote and hour and fro	, 11101 (11)
spital CTOR of He			22b. SIGNATURE			DEGREE ATTENDING	MEDICAL STA		DATE SIGNED
OR ATTE he hospito DIRECTO tached for Dept. of t	47; if hem		Relieve 3) Smot	no	PHYSICIAN X	DIRECTOR PHYSIC	IAN	9/30/
TAL OR by the hores RAL DIRE	*		ROLAND -	ORPRINTI T. SMOOT, M	-7	PHYSICIAN 2220 ADDRESS	DIRECTOR PHYSIC	IAN []	1216
OR he he cochected	IMPORTANT: If hen	23a E		T. 5HOOT, M	23c. NAME OF C	PHYSICIAN 2220 ADDRESS	DIRECTOR PHYSIC	IAN []	,,,,,,

- STATE REGISTRAR 1. DECEASED NAME

Florida

FATHER'S NAME FIRST

(YES, NO OR UNKNOWN)

Jerry

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NO.			
2a. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
SEPTEMBER	21,	1985		08:45p
6 AGE TINYEARS LAST	BIRTHDAY	IF UND	ER I YEAR	IF UNDER 24 HR

206 IF YES, WERE FINDINGS USED

Wolfe ST.

COUNTY

E OR PRINT)	JERRY	M	WIMBERLEY
X		4. RACE	5. DATE OF BIRTH
ale		White	January 20,1918
IRTHPLACE (S	STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED
ckansas		U.S.A.	WIDOWED DIVORCED
ITY OR TOWN	OF DEATH		G HOME OR OTHER INSTITUTION
LTIMOR	E	THE JOHNS HOPKIN	SHOSPITAL
AL RESIDENCE STATE	(IF NURSING HOM	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	
lorida	1	(Ponte Verda	Beach YESX NO [

MIDDLE

M.

(IF YES, GIVE WAR OR DATES)

60. WAS DECEASED EVER IN U.S. ARMED FORCES?

BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE CITY 126. KIND OF BUSINESS OR 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE)
Retired Col. INDUSTRY U.S. Army

32082 616 Palmera Drive YESX NO 15. MOTHER'S MAIDEN NAME MIDDLE Armstrong Mae Lucy

200 AUTOPSY?

13e STREET ADDRESS / ZIP CODE

ADDRESS

S	WW II	1224-52-1509 Sybii D. Wimberi	ey - same as #13e
PART I. DE	DEATH (Enter only one cause pe ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardard A.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MANUTES
gove rise to	f any, which a immediate (b)_	DR AS A CONSEQUENCE OF DR AS A CONSEQUENCE OF CICT hesis	7 days 4 years

17. INFORMANT

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Wimberley

16b SOCIAL SECURITY NO

			YES NO	IN CERTIFYING CAUSE	NO NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	vn county	STATE
AT WORK AT WORK	ottended the deceased from	10 19 85	to Sept	2 19 85	, that (II (we))

saw the deceased alive an obave, (I) fwell (did Not) view the bady after deat and that in (my aur) opinion death accurred an the date and hour and from the causes stated 22c. DATE SIGNED

THE OTHER PROPERTY.	DEOKEE	
Steven Geller M.D.	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	
24 PHYSICIAN'S NAME (TYPE OR PRINT)	27e ADDRESS A. II II MANAGE MANAGE	Ī

	C+ C	11		Capital Contract	cing in-pi	
	2 leven 6	reller	M.D.	Bultime	one MO	21205
23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	

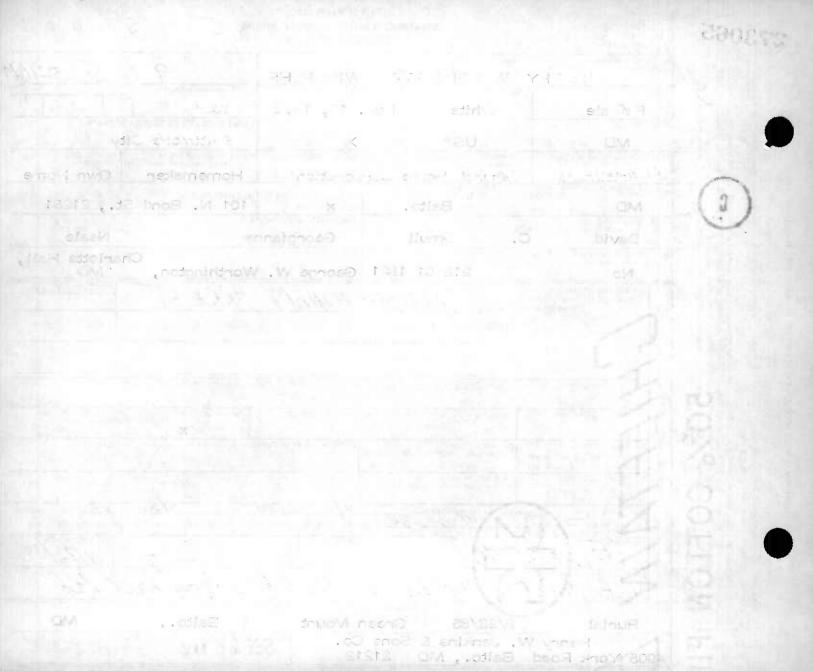
(SPECIFY) Arlington Arlington National 9-24-85 Burial 24 FUNERAL DIRECTOR 1050 York Rd.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

250. DATE REC'D, BY REGISTRAN 256. REGISTRANG CLOSEN

DHMH - 16 60M 7/B4 (VRA 15, 4)

273065	1	FOR STATE REGISTRAR			DEP	ARTMENT OF	ICATE OF DEA	TAL HYGIEN	8 5 REG.	2 NO.	5 6	8	j
noy be poge 3		CEASED NAME E OR PRIN	FIRST		MIDDLF RTHIN		WINDFO		o. DATE OF DEATH	MONTH 9	26 8	35	3:21 A
ge 4 mo)	3. SE	x Femal e	4. R	ACE WY	nite	5. DATE O	H DAY	YEAR 882	AGE (IN YEARS LAST)	YR		DAYS	FUNDER 24 HRS
oth. Po	70. B	IRTHPLACE (STATE OR FO COUNTRY)	REIGN 7b.		WHAT COUN	WIDOW		CED 🗆	Baltimore city Baltim	ore	City	HE	M
110	0.	Baltimor	e l	Chur	ch Ho	me Cor	or other institut	- (1	to USUAL OCCUPA type of work for mos Homema	OF WORKIN	G LIFE) INDU	JSTRY	BUSINESS OR Home
(1)	13a.	AL RESIDENCE (IF NURSIN STATE	IG HOME OR OTH	Balto. YES 🗷				STREET ADDRESS	Bond	St.,	212	231	
) 14. F	David	MIDE		Smi	นใใ	15. MOTHER'S MA	gianna	WIDDLE		N	leale	}
n ond co		WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED			SECURITY NO. 1 1921	George	w. w	ADD Vorthingt			otte VD	Hall,
physicia physicia npopers moval.		18. CAUSE OF DEATH PART I. DEATH WA	(Enter only o	Y:	line for to the	POIOPL	LMONA	rey 1	ARRE	57	BE	APPROXIMA TWEEN ON	ATE INTERVAL ASET AND DEATH
not the deoth cer by the ottending See remove corbo		Conditions, if ony, gove rise to imme couse (o), stoting underlying couse	ediote }	(b)		SEQUENCE OF							
signed hen plec to buriol	N N	PART 2. OTHER SIGNI	FICANT CON	IDITIONS C	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO	THE TERMINA	AL DISEASE OR CO	NOITION	GIVEN IN PA	ART No	
- 4 0 + 0	CERTIFICATION	19a. DATE OF OPERAT	DPERATION 19b. CC		96. CONDITION FOR WHICH OPERATION		ON WAS PERFORMED		IN CERTI		YES, WERE I		
YSICIAN: The ding physicio buriol-tronsit Mentol Hygie or frem 18 sho		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA	AUSE OF DEATH			DAY YEAR	21c. HOW INJURY	Y OCCURRED	ENTER NATURE OF IN		18 PART I OR P.	ART 2)	
NG PHYSICIAN: The low offending physicion. The this certificate has bus os the busici-tronsit permit had Mental Hygiest provided or frem 18 shows or orked or frem 18 shows or or the provided or frem 18 shows or	MEDICAL	21d. INJURY OCCURRE	D .	21e. PLACE	OF INJURY	FFICE, FARM, ETC.)	21f. LOCATION STREET	THE.	CITY OR	TOWN	COU	YTM.	STATE
TENDI ital or OR: A or use f Heol		22a.1 certify that (1) (1) sow the deceased obove, (1) (we) (di	this hospital)		1/26		4/1/, 1 nd that in (my) (our	o 80 r) opinion dec	, to oth occurred on the	9/2U dote and			not (1) (we) los ouses stoted
At OR AT the hosp At DIRECT detoched for ore Dept. o		17h SIGNATURE	inte	M				NDING SICIAN [MEDICAL ST DIRECTOR PHYS	AFF ICIAN D	224.	DATE SI	GNED/SS
TO HOSPITAL OF retoined by the TO FUNERAL DII should be detock with the Store De IMPORTANT. If h		ALEXA	NDER	P A	HANTI	ELMI	220. ADDRESS	N. GL	sadua	, fa	el.	Ke	1
BP		BURIAL, CREMATION, R (SPECIFY) Burial		9/28/		Gree	emetery or crea n Mount	MATORY	23d. LOCATION CITY OR TOWN Balto	٠.,	COUNTY	' N	AD STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 6	UNERAL DIRECTORIOR NAME 905 York F	nry W Road	. Jer Balto	kins &	Sons 212	Co.	250 SEF	26 1965		SISTRAR'S S		REMARKS

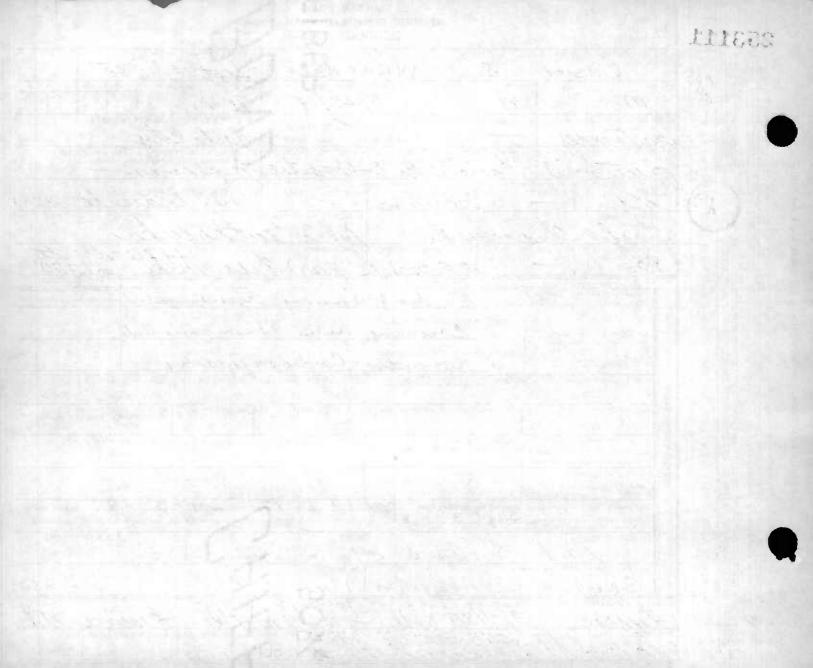


254089	1.	FOR STATE		DEPAR	TMENT OF H	EALTH AND MENTAL H ICATE OF DEATH	YGIENE 5	2 5	680
		REGISTRAR CEASED NAME FIRST	12-1	MIDDLE	t t	AST	REG. N	MONTH DAY	YEAR 26 HOUR
poge 3	(IYPE	OR PRINT) Mild	red	A.	Win	ter	9-5-	85	6:53Am
1000	3. SE	emale	4 RACE White		5. DATE C	F BIRTH 20-1914 YEAR	6. AGE (IN YEARS LAST BE	RTHDAY) IF UND	DER I YEAR IF UNDER 24 HRS S DAYS HOURS MIN.
Poge 4 director nours of		RTHPLACE: (STATE OR FOREIGN		F WHAT COUNTR	/2 8		A BAITIMORE CITY	OR COUNTY OF D	EATH
nerol nerol		alto., MD	USA		WIDOWE	NEVER MARRIED DIVORCED	D- 14 4		MD
100		alto., City	(IF NOT IN S	FHOSPITAL, NURS UCH FACILITY, GIVE STRE Pelham	ET ADDRESS)	21213	12a USUAL OCCUPAT (1YPE OF WORK FOR MOST Secretar	OF WORKING LIFE) IN	kind of Business or Idustry Retired
(1) /2/	USU	AL RESIDENCE (IF NURSING HONTATE 13b C			ORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	21213
	14. F.A	THER'S NAME FIRST Michael	MIDDLE	McCoy		IS. MOTHER'S MAIDEN N			(ube
Poges (medical	16a. V	VAS DECEASED EVER IN U.S	. ARMED FORCES? S, GIVE WAR OR DATES)		CURITY NO.	17 INFORMANT	Minter, 24	RESS	
sicion pers. f of.		18 CAUSE OF DEATH (Ente	er anly one cause p			Balto., M			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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quires inot the acean signed by the ottend hen please remove ca to burial, cremotion, c ijury, ar other trouma	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICA	(b)_ DUE TO,	OR AS A CONSEC	UENCE OF	NOT RELATED TO THE TE	rminal disease or con	ADITION GIVEN IN	PART Ito
on. permit. Tene prior aws any it	CERTIFICATION	190. DATE OF OPERATION	196 CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
physicial physic		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF IN)	URY IN ITEM 18 PART I OF	R PART 2)
er this ce s the burn ond Mer	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLAC	E OF INJURY STREET, FACTORY, OFFIC		211 LOCATION STREET	CITY OR TO	OWN CO	OUNTY STATE
CTOR: Affor use a af Health		22a. I certify that (1) (this h sow the deceased aliv above, (1) (we) (did) (di	e on Gue	20 19		d that in (my) (our) opinion	on death occurred on the d		from the couses stated
y the horacle detached detached tate Dept.		22b. SIGNATURE	Segu	1		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	9/5/81
retained by to FUNERAL should be det with the State		224. PHYSICIAN'S NAME (1	M- A	Serpic	1C	22e ADDRESS	Jusiph M	-10	
BP		SURIAL, CREMATION, REMO	VAL 236. DATE 9-7-			emetery or cremator od Cemeter		Bå°I	to., MĎ
AH - 16 50M 4/83 (VRA 15, 4)	र्गर	MARAL DEECTOMILL	er, Inc	. 6415	Bela	ir Rd.	ATE REC'D. BY REGISTRAF	11.	SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

THE PROPERTY AND DESCRIPTION OF THE PROPERTY O Burras ... 1-74-54 ... Knikwood Coducty obstac., c Calco., ... Some L. Willer, Whee Sell Solutions. Committee of

					OF MARYLAND			7
F0444	1-	FOR STATE			EALTH AND MENTAL HY	rgieng 5	2 5 0 8	
3111		REGISTRAR				REG. NO		
£	1. DEC	CEASED NAME FIRST	MIDDLE		IST	1		HOUR
nos		Chester	J.		11ews Ki	sept. 5	/	M UNDER 24 HRS
2	3. SE)	m	4. RACE	S. DATE O	12 DAY / 14 YEAR	6. AGE (IN YEARS LAST BIR		DURS MIN.
	Ze. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8.		9. BALTIMORE CITY O	R COUNTY OF DEATH	
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記し	10 C	TY OR TOWN OF DEATH		AL, NURSING HOME O		126 USUAL OCCUPATI	FWORKING LIFE) INDUSTRY	JSINESS OR
3	0	AL RESIDENCE HE NURSING HOME OF	POLICE INSTITUTION CIVE BES	IDENCE SECORE ADMISSIONI	Triguesa	as regione	isso -	
B	The second	13b. COU	NTY 13c. CI	TY OR TOWN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	race St.	3/33
~	IL FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN N	MAME MIDDLE	LAST LAST	
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medio /	1		IVE WAR OR DATES)	5-03-22	2 kars	Pressience	ki 3/2	30
, ž	-	18. CAUSE OF DEATH (Enter o	only one couse per line to	r (o), (b), ond (c).)	1		APPROXIMAT BETWEEN ONSE	INTERVAL T AND DEATH
rent		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (o)	a dio Pa	ulmorary	Quest		
2 24		IMMEDIA		CONSTOUENCE OF	/		Market Bolder	775
ow. c		Conditions, if ony, which	DUE TO, OR AS A	CONSEQUENCE OF	arter 7	- Krom bass	- arote	
101		gove rise to immediate	(b)	1				
The Cree		couse (a), stating the underlying couse lost.	DUE TO, OR AS A	CONSEQUENCE OF	Condia	myspatte	4	
10		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIS	HITING TO DEATH BUT		4	DITION GIVEN IN PART TIO	
60	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIL	BUTHING TO DEATH BUT	NOT RELATED TO THE TE	KMINAL DISEASE ON CON-	DINOR ON EN IN MIN IN	
2	CATION	190 DATE OF OPERATION	196 CONDITION I	FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS	
1000	문					YES NO	IN CERTIFYING CAUSES OF	DEATH?
Š -	CERTIFI	218. ACCIDENT WAS UNDERLYING	216. TIME OF INJU	RY	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJU		
000		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. M	NONTH DAY YEAR				
-	ICAL	LIF EITHER, NOTIFY MEDICAL EXAMINE		19	211 LOCATION			
Ö	MEDI	21d INJURY OCCURRED WHILE NOT WHILE [21e. PLACE OF INJ	TORY, OFFICE, FARM, ETC.)	STREET	CITY OR IC	wn COUNTY	STATE
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E		22s.1 certify that (I) (this hosp	5 1 1 1 1 1	osed from		2, 10 Sept		t (1) (we) los
2		sow the deceosed olive o obove, (1) (we) (did) (did n	n Supply 3	leoth. 19 1.3 , or	nd that in (my) (our) apini	on death accurred on the d	ote and hour and from the cou	
hem hem		22b. SIGNATURE	1 -011	, ,	DEGREE		22c. DATE SIG	NED
F = -		Klad	2000 1010	wed m	ATTENDING PHYSICIAN	MEDICAL STA	IAN	
RTAN		220 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS		014	10-11 P
		SANdra	L. Ho	wardas	1600	S. Char	Les Sta	1230
*	23a.	SURIAL CREMATION, REMOVA		231. NAME OF C	EMETERY OR CREMATOR	Y ZIM LOCATION	A tourn .	Carrier
-	1	Pilorio.	9/7/88	5 Hles	Honer Co	m. Eller	Rusie	Ma
4/92	73.5	UNERAL DIRECTOR	1 15/16.	Abet Pell	AND COL		75 REGISTRAR'S SIGNATURE	
M 4/83	10	18:00 7 14	111111	ABONESS A	mil de S	SEP 6 1985	many the second	ndelle.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

5

	REGISTRAR		CENTII	ICALE OF DEATH	REG. NO	,		
	ECEASED NAME FIRST	WIDDLE	1	AST	20 DATE OF DEATH	HINON	DAY YEAR	76 HOUR
	MORRIS		WITC		SEPTEMBER		1985	02:48AM
3. SE		4 RACE	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTH	IDAY)	MONTHS DAYS	HOURS MIN.
	ALE	WHITE		. 12, 1917	68	YRS		
	SIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIE	D XX NEVER MARRIED	9 BALTIMORE CITY OF			
	MARYLAND TITY OR TOWN OF DEATH	USA	WIDOWE	D DIVORCED	BALTIMOR			MD.
В	ALTIMORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST THE JOHNS HO	PKINS	HOSPITAL	(TYPE OF WORK FOR MOST OF ENGINEER		FE) INDUSTRY	NSE DEPT.
13a.	NARYLAND		OWN	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	130 STREET ADDRESS / 2900 W.STI	ZIP CODE VATHM	ORE AVE	. 21209
14. F.	ATHER'S NAME FIRST HENRY	MITOW	6	15. MOTHER'S MAIDEN NAM BESSIE	MIDDLE		STARR	51
160	WAS DECEASED EVER IN U.S. AF LYES NO OR UNKNOWN) JIE YES GI WWII	RMED FORCES? 166 SOCIALS VE WAR OR DATES) 218-10		17 INFORMANT MR	S. MOLLIED WE THMORE AVE.		LTO., M	ID 21209
CERTIFICATION	gove rise to immediate couse (0), stating the underlying couse lost PART 2 OTHER SIGNIFICANT 190 DATE OF STRATION	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR WH	TO DEATH BUT		INAL DISEASE OR COND 200. AUTOPSY? YES IN NOTX	20b. IF YES	VEN IN PART 1:	NGS USED
MEDICAL CERT	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE OFFICE OF THE CONTRIBUTION OF		19	211 LOCATION STREET		IN ITEM 18		STATE
	22a. I certify that (I) this hosp	ot) view the body after death	9 85 , 01	nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	death occurred on the dol			
	PETER 1	P LAI, M.D		Johns Hopki	rs Hospita B		more, r	ID 21265
23a	BURIAL CREMATION, REMOVAL (SPECIFY BURIAL			EMETERY OF CREMATORY SHALOM	ROSEDALI	3	BALTO.	sMD
	ONERAL DIRECTOR SOL I	LEVINSON & BROS	33	21215 250 DAT	SEP 1 3 198	Sh. REGIST	TRAR'S SIGNAT	Mandelle

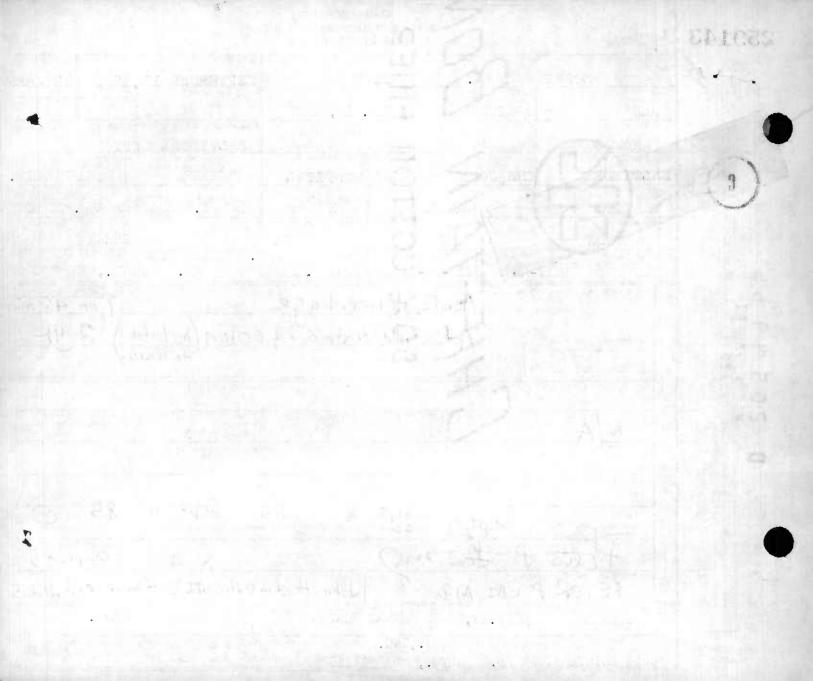
DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

6010 REISTERSTOWN RD.

BALTO. .

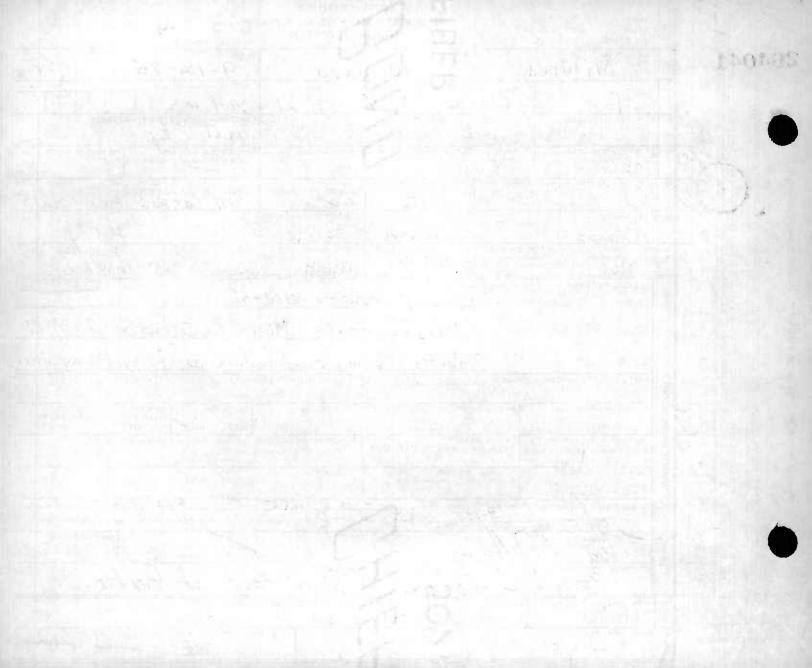
MD 21215



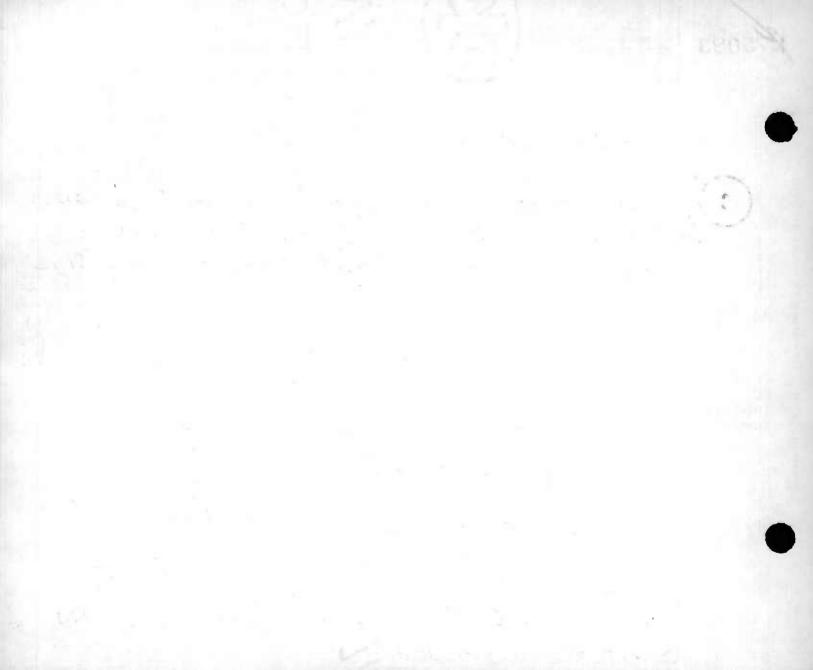
274031	FOR 1 - STATE REGISTRAR		DEPARTI	STATE OF MARY MENT OF HEALTH AND CERTIFICATE OF	MENTAL HYG	IENG 5 REG. N	2 5	6 8	3 9		
eath	1 DECEASED NAME (TYPE OR PRINT)	LEO D	MIDDLE	WOLFE		2a DATE OF DEATH		24 85	2b. HOUR 8:06PM _M		
po po	3 SEX	4 RACE		S. DATE OF BIRTH	YFAR	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	HOURS MIN.		
ge 4	Male	White		1 19	1918	67	YRS.	MOISTING DATE	NOUNS MIN.		
Pod dir	TO BIRTHPLACE (STATE OF	FOREIGN 75 CITIZEN OF	WHAT COUNTRY?	8. MARRIED NEVEL							
The same of the sa	Maryland	U.S.A.		WIDOWED							
of the function of the functio	BALTIMOR	(IF NOT IN SUC	11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDI THE JOHNS HOPKINS		DORESS)		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Electtician				
within 24 haur	Maryland 14 FATHER'S NAME FIRST	RSING HOME OR OTHER INSTITUTION 13b COUNTY MIDDLE	Baltimon	TE YES X	CITY LIMITS? NO R'S MAIDEN NAI	MIDDLE					
E, M	Daniel	R IN U.S. ARMED FORCES?	Wolfe D FORCES? 166 SOCIAL SECURITY		NANT				Known th River Dr.		
AOR	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	214-16-		as L. Wo				. 21220		
o pe	Yes		1		as L. WO	TIE	Daic		XIMATE INTERVAL		
ficot ficot	PART I. DEATH	18. CAUSE OF DEATH (Enter only one couse per Morrio), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) IMMEDIATE CAUSE (g)									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND RG PHYSIC JANAThe law requires that the death certificate be executed within 24 ottending physical particles be a secured within 24 ottending physical barries and the attending physical barries bearing continuous the burious transport that and Mental Hygietti photo burious continuous at the and Mental Hygietti photo burious continuous attending the and management of the and mental 8 short than any requirements.	gove rise to in couse (a), stat underlying cous	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF JUNEAU BY ASS DUE TO, OR AS A CONSEQUENCE OF JUNEAU BY ASS Charl.									
DS, 2 quire nem s no be quiry.	Z PART OTHERS	PART OTHER MIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT HOLD RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
AL RECOR	SIO ACCIDENT WAS U		ITION FOR WHICH	PPERATION WAS PER	FORMED)116844	20a AUTOPSY?	IN CERTIF	S, WERE FINDI FYING CAUSES			
VSICIAN In grant physics our internal 8 strategy with the physics our internal by the physics our internal 8 strategy with the physics our internal 8 strategy with the physics our internal 8 strategy with the physics of the physics	OR CONTRIBUTING	CAUSE OF DEATH HOUR A.	OF INJURY .M. MONTH D .M.	AY YEAR	INJURY OCCURI	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 6	PART I OR PART 2)			
DING PHYSI or ottending After this ce e os the buri oith and Mei	21d. INJURY OCCU	RRED 21e. PLACE	OF INJURY REET, FACTORY, OFFICE	FARM, ETC 211 LOCA STR	TION	9 2	nor M	COUNTY	STATE		
ATTENDIN spirtal or CTOR: Af I for use o . af Heoltli		22a certify that (I) (this hospital) attended the deceased from 1901, 1903, to 1901 the deceased dive on 1901, and that in (my) (aur) apinion death accurred an the date and hour and from the cases stated above (I) (ve) (and) (ald not) view the body after death.									
SPITAL OR 7	22b. SIGNATURE	1 / C/e MI). ATTIMISED MEDICAL STAFF 9/24/85									
TO HOSPITAL retoined by the TO FUNERAL I should be detoined with the Stote I IMPORTANT. If		22d PHYSICIAN'S NAME (TYPE OR PRINT) RETURN ADDRESS 600 N. WOLFF ST									
	230 BURIAL, CREMATION (SPECIFY)			NAME OF CEMETERY O		23d. LOCATION		COUNTY	STATE		
BP	Burial	9/27/		Gardens Of		Baltimos E REC'D. BY REGISTRAR		TPAD'S SIGNIA	Maryland		
DHMH - 16 60M 7/84 (VRA 15, 4)		Duda-Ruck, In		vland 2122	9	EP 2 7 1985			Randage		



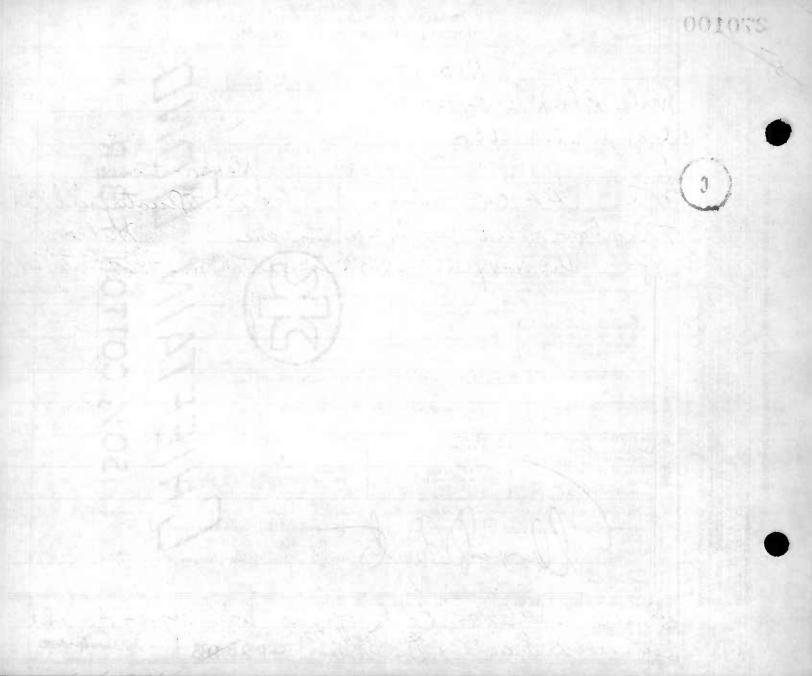
STATE OF MARYLAND



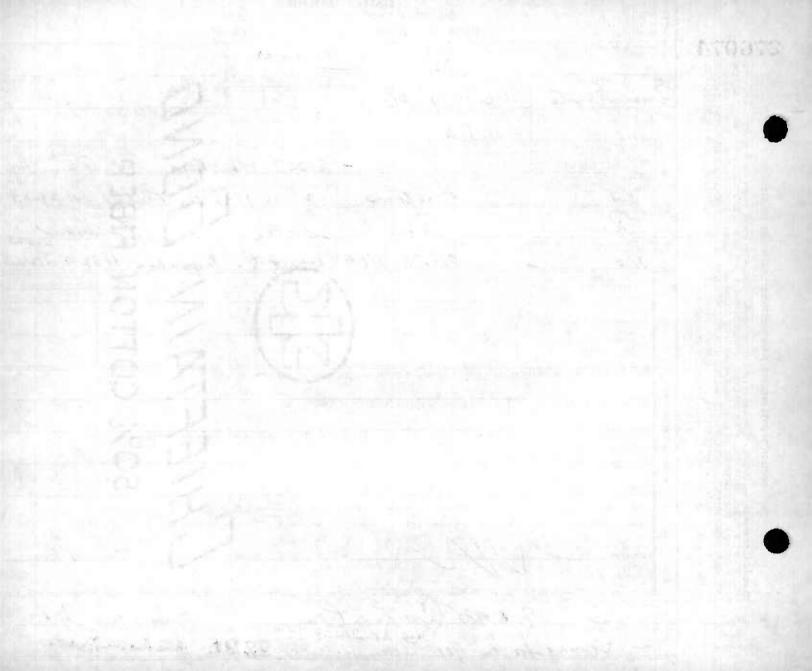
	1			STATE OF MARYLAND	0 3	- 4 0 1
1.	1	FOR	DEPARTM	ENT OF HEALTH AND MENTAL HY	GIENER 5	3 0 7 1
AFOO	1,	STATE REGISTRAR WATER	E Yeman	CERTIFICATE OF DEATH	ore He	
75083	1 00	CEASED NAME FIRST	13, CONTROL	1.457	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TYPE	00.000 0	MIDDLE	1.12 - 1 -		12.11000
oy be		Jan	748	Woods	9	28 85 11 AM
may fer d	3. SE	X .	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
off.		m. 121	BLACK	MONTH DAY YEAR	1 55	MONTHS DAYS HOURS MIN.
oge urs	1	Mace		6 9 30	YRS.	
a 5 8		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED ANEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
the off	1	SO	U.S.A.	WIDOWED DIVORCED	BOIT . C175	MD.
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
the state of the s	1.	20	(IF NOT IN SUCH FACILITY, GIVE STREET A	(DDRESS)	(TYPE OF WORK FOR MOST OF WORKING L	
2 2		DACT. MP	V FRANCIS SCOT	TREYMEDICALCEN;	7-N	
1230	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	La CERCET ADDRESS / TIP COD	
E 1 10 15/	130	TATE 13 COUN	to Turners	YES NO T	13e STREET ADDRESS / ZIP COD	De 21222
1 1 1	4	19/4, 104	to livings	A lulla LES NO P	100 11011111	.Ur. Giazz
No.	120	THER'S NAME	MIDDLE 1.4. AST	15. MOTHER'S MAIDEN NA	/ MIDDIE	, IAST
D 00 0	4/	Chris	Woods	Salle	Dell Ja	ckson
8-0	16a \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUI	RITY NO. 17 INFORMANT	ADDRESS	1700
ond oge	1		220-20-3		urner 133 Fler	Drip
B		Yes	720.20.0	62/ livits, mangle	urner 133 Flei	
a Sico		IN CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), one DBY:	I (cs.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
fice po nav ent				0.	r.	
Pa la		IMMEDIA	TE CAUSE (o)	as years	4	1
th con			DUE TO, OR AS A CONSEQUE	NCENOF A		12 1100 100
dea non		Conditions, if ony, which	(b) Orlow	wholming	Sesil.	or wells.
man man		gove rise to immediate couse (a), stating the		()		
the cre		underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		1-3 Weill
d d d	1		(c)	The way		130000
ires gan bur ry,	1 -	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO B	EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART 110
The The	CERTIFICATION	C mon	in Report	UTIA VO	11	
ony ony	A	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED
See S	1 =	01.155	(A - O -	+ +		FYING CAUSES OF DEATH?
Cion de la	- 2	3/14/0	Recety	alilis	X A	ES NO
H A A		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	116. TIME OF INJURY	Y YEAR 10W INJURY OCCUR	RED (ENTER NATURE) HELEET IN HELE	PART I OR PART 2}
SICIA ng ph certif rial-t entol	1 ×	(IF EITHER NOTIFY MEDICAL EXAMINE		1 10XX	WOLLAND L.	
ding Andrug	MEDICAL	21d. INJURY OCCURRED	26 PLACE OF INJURY	LOCATION	- Start Land	-3
PH ten	X	WHILE AT WORK AT WORK	TAT TOME STREET, FACTORY OFFICE, FA	ARM, ETC) STREET	Citabastone	COUNTY STATE
the street		AT WORK AT WORK				200
S e e e		22a.1 certify that (1) (this hospi	ital) attended the deceased from_	19		19 , that (1) (we) lost
TOP	1	sow the deceased alive on	19 S	, and that in (my) (our) opinion	death occurred on the date and ho	ur and from the couses stated
A Nose	1	22h. SIGNATURE	or view the body oper death.	DEGREE		22c. DATE SIGNED
o o o o o				ATTENDING	MEDICAL STAFF	0.000
A TAI		Ulin		PHYSICIAN [DIRECTOR PHYSICIAN	(XXXX)
HOSPIT, bined by FUNER, ould be d th the Sto		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS	. /_	11 000
HOSE IN THE ORTA	1	111/12/10	11.57	IT we h	called than	Tal
etained TO FUNE should be with the	-	MONT		1 John	Which to sh	101
-	23a. I	BURIAL, CREMATION, REMOVAL	NA DATE 23c N	AME OF CEMETERY OR CREMATORY	234 LOCATION CITY OR TOWN	COUNTY A STATE
BP		Burial	10-2-65	rownsuile	Crowns vitle	Nd.
	24. F	JNERAL DIRECTOR		25a. DA	TE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
OHMH - 16 50M 4/B3 (VRA 15, 4)		as A. Mort	ADDRESS ADDRESS	ri Laurens St	P30 1005 Julia	Tavidson-Mandala
(400 19/ 3)	1	40, H. MOEL	UN LUUNS 17	7 77 27 3	- 0 0 1300 Taylor	



	270100	11.	FOR			DEPARTMEN	T OF HEALT	H AND ME	NTAL HYGIE	VE:	2	5	5	9 6	
	NIULUU	1	STATE REGISTRAR		MI	EDICAL EXA	MINER'S	CERTIFIC	ATE OF DE	ATH	REG.	NO.			
	//	1. DE	CEASED NAME	FIRST		WIDDLE		LAST		20. DATE	KNOWN	X MONTH	d DAY	YEAR	76 HOUR
3	Maisiss F	(179	E OR PRINT)	Thurlo	W7 F	hop-	-	Woods	7	OF	ESTI- MATED	0 9		1985	10.
	IS NECESSARY, PLEASE FUNERAL DIRECTOR. E. S. FOR YOUR FILES. D. WITHIN 72 HOURS I W. PRESTON STREET,	3. SEX	[4. R	ACE	S. DATE OF BIRTH	1 6 AG			F UNDER 24 HRS.	2c. DATE		MONTH	DAY	YEAR	2d HOUR
	Z H ST	ha	00 6	2/1	MONTH DAY	1	T BIRTHDAY) MON		HOURS MIN.	PRONOUN	NCED	0	22	05	9:58P
	A Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	XX	RTHPLACE (STATE)	lack	76. CITIZEN OF V	1/2/1	5 YRS.					9 r or cour	23		M
	NECESSA UNFRAL S FOR Y WITHIN		REIGN COUNTRY)	50 -	716	THAT COUNTRY?			ER MARRIED			_		DEATH	
	NON NO	()	range	n. J.	as	A		WED	DIVORCED [e City			MD.
	HE F SE SE S	10.9	TY OR TOWN OF I	DEATH		SPITAL, NURSING		HER INSTITUTI		MOST OF WOR		TYPE OF WORK		IND OF BUI	
	50 Vivo.	1	Baltimor	e	Francis	Scott Ke	ey Medi	cal Cer		RCh	PAUT.	Seam	N		
	366 37 B	USU	L RESIDENCE (IF IN	NURS OF COUNTS	OTHER INSTITUTION,	THE RESIDENCE BEFORE		13d INSIDE CIT	V FIMITC2 122. ST	DEET ADDRE			10	2.77	14,
	2120 AN AN A	m	12	14/	7 00	Seve	-land	YES T	NO 2 78	REET ADDRE	0.	7	1:	00	Pal
	MD.	14. Fz	THER'S NAME					15. MOTHER	S'S MAIDEN NAM	F	Jean	ann	fre	2011	101
		1	FIRST	6	JIDDIE +	LAST	ls Sm	- F18	13	N	AIDDLE	24	- 0	0-2	
	TIMOR TER DE FORM SES 12	160	VAS DECEASED EV	ER IN U.S. ARMI	ED FORCES?	16b. SOCIAL SE	4	17 INFORM	ANT		ADDRE	55,000	w	100	,
	ST., BALTIMORE, COURS AFTER DEA' 118. GIVE PAGES' G WITH FORM PAGES I ANI	C	ES NO. OR UNKNOWN)	I HE YES, GIVE W.	AR OR DATES)	110	1 - 100	1 1	-	0		Our to	T	- Sales	T 000
	S A GIV		105	101.5	NAVY	NX 0-6	22-187	4 Mu	ene Ja	hnso	ne/	861	Lee	aler	ref q Ko
	T.,		18. CAUSE OF DE	EATH (Enter anly I WAS CAUSED	nv	ne for (a), (b), and (361	HEED MANUELT	AND DEATH
	PRESTON ST., ITHIN 24 HOUI CIL IN ITEM 18 KER ADONG V ANSIT PERMIT AL HYGIENE, I REMOVAL.			IMMEDIATE	Λ1	cterioscl	erotic	cardio	vascular	disea	ise				
	N 2 N II		-6210		DUE TO, O	R AS A CONSEQU	ENCE OF						5 14		
	PRE SEA NE			if any, which to immediate	(b)										
	OR JENE W		cause (a) stat	ting the under-		R AS A CONSEQU	ENCE OF	N.Y			4.1	- 1	10		
	201 W. PRE UTED WITHI IN PENCIL I EXAMINER RIAL-TRANS D MENTAL I ON, OR REA		lying cause la	251.	(4)								4		
	TAL RECORDS, 201 W. PRESTON ST., HOULD BE EXECUTED WITHIN 24 HOUR RD. PENDING" IN PENCIL IN ITEM 18. HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL- TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFI	CANT CONDITIONS CO	NTRIBUTING TO DEAT	H BUT NOT RELATED TO	THE TERMINAL DISEA	ASE OR CONDITION	GIVEN IN PART 1 int						
	DIVISION OF VITAL RECORDS, CRETIFICATE SHOULD BE EXECTION THE WORD "PENDING" RITING THE WORD "PENDING" ROBE AS A BUT AS SHOULD BE USED AS A BUT BE PERFARMENT OF HEALTH AND OF PRICIAL CREMATII	Z					THE PERMITTING GISEP	THE OR COMMITTEE	Oliven In Carry 1 122						
	MEALE ALE	MEDICAL CERTIFICATION	14s DATE OF OPE	ERATION	TIN COND	ITION FOR WHICH	OPERATION	WAS PERFORM	ED?	-	-	-	T20	AUTOP5Y?	
	OF VITAL R DATE SHOULE HE WORD "P THE CHIEF " JID BE USED WENT OF HE TO BURIAL,	5	WWW.Wester		Tam Allerent			30.4714.771							
	F VIII	E	216 EXTERNAL C	AUSEWAS	216 TIME C	SE IN IL IDY	Title	ACTUAL VALUE OF	OCCURRED INVES	and the same				YES [NO 🔀
	A PER	1 2	DESCRIPTION OF STREET	□ on		M MONTH DAY	YEAR	IOW HOUSE C	ACCORDED HAME	THE LINE CO. S.L.	Chan line Light	THE PART Y CHIP	A41.41		
	FRIFICATE SIGNO OF VI THE WO TO THE WO SHOULD BE EPARTMENT PRIOR TO BU	Δ	CONTRIBUTING		the state of the state of the state of		19					11			
	CERTIFICATE SHIPLING THE WORD TO THE CIP SHIPLING THE WORD TO THE CIP SHOULD BE TO CIP SHIPLING TO BUILD RELIES TO BE ARROW TO BUILD RELIES TO	AED I	WHILE IT NO	OLWHILE IT		OF INJURY (AT HI CLORY, FARM, ETC.)	OWI THE LA	OCATION STREET		city ok to	W/Ne		OUNIT		STATE
	248AKE	-	AT WORK A	WORK -							4	300			
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STABBALTIMORE, MARYLAND, 2		220 Lournill th	nt I took Arrae	of the remains of	Digited above, hel	dan A Auto	my []	Inspection .	Inquiry	X	and in my s	minion		7-250
-	A S S S E S S		death resulted to	110	cours X	1.40	A	Mominic		termined mo	_	1	gonium		
-	REC BE		death resulted to	1/11	Courses Las.	1717	N			termined inc	money (,			
	W. V. D. C.		ACTUAL	VII	miles	1911	. Kr	TITLE (SPI				DATE		0/24/	OF
	A HE SELEN —		SIGNATURE	1	OW-CO-	n /ww	1	M.D.ACCLII	ng Chiefer	DICAL EXAM	AINER	SIGN		9/24/	83
	NO SERVICE		EXAMINER'S NAM	ME Mb and	D G-	dia M.D.			111 5	C.	-		150		
	A LILE A GEORGIA	-	(TYPE OR PRINT)	Thoma	as D. Sm			_ADDRESS	111 Penr		Ba.	lto.,N	1D		
	FD2749	230.B	URIAL, CREMATION	N, REMOVAL 231	DATE	23c. NAME	OF CEMETERY	OR CREMATO	RY 214 G	OCATION:	10	200	UMER) ST/	ATE ()
	07/84 BP	15	I willing	al	1/27/8	5 (2	dar	Hill	0 62	road	elyn	A.	A	m	d
	25M DHMH - 17	24 5	NERAL DIRECTOR	1	Anner	B	allosni	1-17 2	So. DATE REC'D. B	Y REGISTRA		GISTRAR'S			
	(VR A15 ME (5))	14	unel	18.0	Vden-	6319h	und Ar	gan	SFP 25	1985	Grahe	a David	son-V	fandelle	-

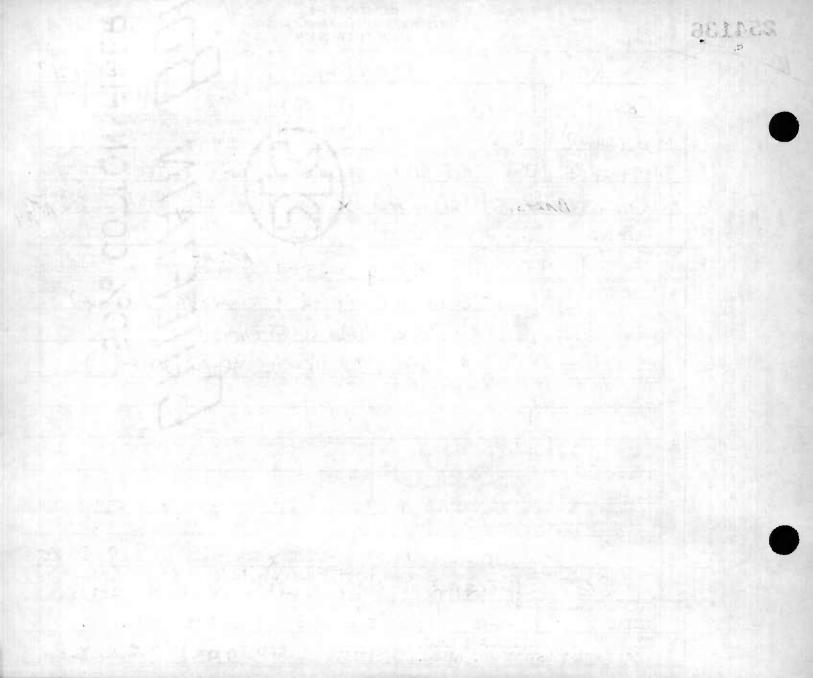


					STATE OF MA					
		FOR STATE				AND MENTAL H	Life in	9 5	50	3
		REGISTRAR	ME	DICAL EXAM	AINER'S CE	ERTIFICATE O	POEATH	REG. NO.	0 /	
74		CEASED NAME FIRST		MIDDLE	15.11	AST AST	2a. DATE		ONTH DAY YE	AR 26 HOUR
120-	(111)	Shirl	O3.7	M	Wyd.	bam	OF DEATH	ESTI-	9/ 22/19	05
STREE	1.589	A_RACE	5. DATE OF BIRTH	l lé AGE		DER 1 YR. IF UNDER		MOI		111
S	0	· Ql	MONTH DAY	YEAR LAST E	HRTHDAY) MONTHS		MIN. PRONOUN	CED		112:40
5/	-	DEGRE STATION	1-14-1		O YRS.		DEAD		9/ 22/19 1	
h		REPERLACE (STATEON	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIEI	D NEVER MARRIE	D 9. BALTIM	ORE CITY OR CO	DUNTY OF DEATH	Н
1	100	And.	4.5	A	WIDOWE	D DIVORCE	□ Balt	imore C	itv.	MD.
/	III. CI	TY OR TOWN OF DEATH		SPITAL, NURSING H		RINSTITUTION	12a. USUAL OCCUP	ATION (TYPE OF W	ORK 12b. KIND OF	F BUSINESS
u		Baltimore	1832	N. Lombar	St.	2/272	FOR MOST OF WORL	(ING LIFE)	ORINDI	USIRY //
17	USUA	LAESIDENCE IF MY IRSING HOME	OR OTHER INSTITUTION, C	THE RESIDENCE BEFORE AL	MISSION)	X122	Husekeep	24	Is also	as Mile
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1	16a. W	(AS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SEC	URITY NO.	7: INFORMANT	20	ADDRESS	. 0	26220
		No.		218-36-	7806	Robert 1	6. Then	shon -	1832 W	Losland
f		18. CAUSE OF DEATH (Enter on	y one couse per lin	e for (a), (b), and (c)	.)		0		APPROXI	MATE INTERVAL
		PART I DEATH WAS CAUSE	BY:			Cardiovasc	ular Dise	PASE	BETWEEN O	DNSET AND DEATH
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至著		Canditions, if ony, which	30210,0	. A	TOE OI					
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Ź		cause (o) stating the <u>under-</u> lying couse last.	DUE TO, OF	R AS A CONSEQUE	ICE OF					
П			(c)			Halillo A				
		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	TERMINAL DISEASE O	R CONDITION GIVEN IN PART	T l tol			
6.	ō									
	TY.	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION WAS	S PERFORMED?	15550141/2		20. AUTOP	PSY?
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7	CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME O		21c. HOV	W INJURY OCCURRED	LENTER NATURE OF INJU	JRY IN ITEM 18 PART 1		
7		UNDERLYING OR CONTRIBUTING CAUSE OF			YEAR				3 12 10	
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	ME	WHILE NOT WHILE	STREET, FAC	TORY, FARM, ETC.)	STRI		CITY OR TOW	N	COUNTY	STATE
		AT WORK AT WORK					7 15 34			
		220. I certify that I took charg	e of the remains de	scribed abave, held	an Autapsy	, Inspection	X Inquiry	ond in m	ny opinion	
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1		NOTO:	1	Accident,	Juicide,		Underermined mo	mer L.,		
		ACTUAL	17	11		TITLE (SPECIFY)		D	ATE Q/2	2/05
		SIGNATURE	1///	/	M.D	Assistant	MEDICAL EXAM	INER SI	GNED 9/2	3/85
/		EXAMINER'S NAME	011	CC	1 D		111 Dec	CL		
1		(TYPE OR PRINT)Grec		auffman,	M.DAC	DDRESS	111 Penn	St.		
1	71a.Bl	IRIAL CREMATION REMOVAL 2	3b. DATE	23 NAME O	CEMETERY OR	CREMATORY	23d. LOCATION	1	COUNTY	STATE
	19	ureal	7-26-198	5 herto	Lows to	on.		Howard -	too. 12	ef 1
	N. FJ	NERAL/DIRECTOR)	A ADDRESS	Bush	h.p. 212	23 250. DATE RE	EC'D. BY REGISTRA		S SIGNATURE	
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- 1	7	#		10 1000	AT POST UTY		1			



(VRA 15, 4)

254136 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTS 8 6. AGE | IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION **JACOBSON** Mrs. Marcia Greenberg7203 Brook Crest Way 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED STAFF PHYSICIAN STATE Hebrew Young Mens Cem Woodlawn. BURIAL 9-3-85 Balto., Md. BP 250 DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR SOL LEVINSON & BROS. DHMH - 16 60M 7/84 6010 REISTERSTOWN RD. BALTO., MD (21215)



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(VRA 15, 4)

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203-20-1429 DORIS C. YEAGER 372 SACRED HEART L.

COLECT DAY TOWN TO SELECT STREET

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MO. BALTIMORE REISTERSTOWN 312 SACRED HEART LANE

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BURIAL 9-20-85 EVERGREEN MEMORIAL FINKSBUNG CARROLL "D.

ELINE TUNERAL HOME REISTERSTOWN, 19.

BALTIMORE SINAI HOSPITAL SINAI HOSPITAL

BRUCE E. YEAGER GERALDINE MOYER

1918



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 273056 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME FIRST . B. LAST 20 DATE OF DEATH MONTH 25 HOUR CTYPE OR PRINTS nnie 3 SEX DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR YEAR Davs I STATE OR FOREIGN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED Durham N.C. DIVORCED [WIDOWED CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE Francis Scott Key Medical BALTIMORE, MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 24.21130 STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRES TIMORE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE McLaughin Lee W. Pear1 Rogers 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 246-38-6436 Jacquella Hendericks 1023 N. Ellamont no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cardionuona PRESTON ST IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. FICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 286" IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? per YES NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS P.M. 21d INJURY OCCURRED 9 21e. PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN COUNTY STATE NOT WHILE Wa.1 dertify that (1) (this haspital) attended the deceased from the deceased ali (our) opinion death occurred on the date and haur and from the causes stated ove (1) we) (did) (did nat) view the bady after death 23 SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING old be deto the State [PHYSICIAN DIRECTOR PHYSICIAN 174 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 0 4 230 BURIAL CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN STATE 9/27/85 CEDAR HILL RURTAL Anne Arundal Md. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) Grelia Davidson W.C. March F/H Co. 1101 E. North Ave.





(VRA 15, 4)

	- STATE REGISTRAR				CERTIFIC	ALTH AND MEN CATE OF DEA	TH	RE	G. NO.		
	ECEASED NAME PE OR PRINT)	EDI'		VIDOLE	KN	IIGAT YOU		Sept.	TH MONTH	16	85
3 S	EX	14	RACE		S. DATE OF	BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR			
A.	Female		Negro			09	1900	85	YR		. S GATS
7a.	BIRTHPLACE (STATE OR COUNTRY) Virginia	FOREIGN 76	76. CITIZEN OF WHAT COUNTRY?			8 MARRIED NEVER MARRIED WIDOWED DIVORCED			ORE C		DEATH
24	BALTIMORE	CITY	UNIC	OSPITAL, NURSIN	AL HOS		TION	120 USUAL OCCU (TYPE OF WORK FOR N Counter	OST OF WORKIN		b. KIND OF IDUSTRY Reti:
USI 13a	JAL RESIDENCE (IF NUR STATE Maryland	SING HOME OR OT	HER INSTITUTION	GIVE RESIDENCE BEFORE 13t. CITY OR TOW Baltimor		136 INSIDE CITY L	IMITS?	13e STREET ADDR 261.7 Boo			212
(d)	FATHER'S NAME FIRST Apt	MIC	DOLE	Knight		15 MOTHER'S MA		Æ	DIE		LAST
160	WAS DECEASED EVER (YES, NO OR UNKNOWN)	(IF YES GIVE W		212-22-		INFORMANT Elsie	Knight	7	oone s	Stree	et 2
	18 CAUSE OF DEAT PART I. DEATH V	H (Enter anly	ane cause per	line for (a), (b), an	d (c)	2 0	11				APPROXIA BETWEEN O
100	Conditions, if ony gave rise to im couse (a), stati underlying cause	mediote ng the e last.	DUE TO, OF	ardiou RAS A CONSEOUI SEPSIS RAS A CONSEOUI	ENCE OF	>					
ICATION	gave rise to im couse (a), state	y, which mediate ng the e last.	DUE TO, OR (b) DUE TO, OR (c) NDITIONS CO	R AS A CONSEQUE	ENCE OF	OT RELATED TO	THE TERMII		20b. IF	YES, WEI	N PART TIO
RTIFICATION	gave rise to im couse (a), stati underlying cause PART 2 OTHER SIG	which mediate ng the lost. NIFICANT CO	DUE TO, OF (b)	R AS A CONSEQUI	ENCE OF	OT RELATED TO	THE TERMI	NAL DISEASE OR 200 AUTOPSY? YES NO	20b. IF IN CE	YES, WEF RTIFYING YES [RE FINDIN CAUSES
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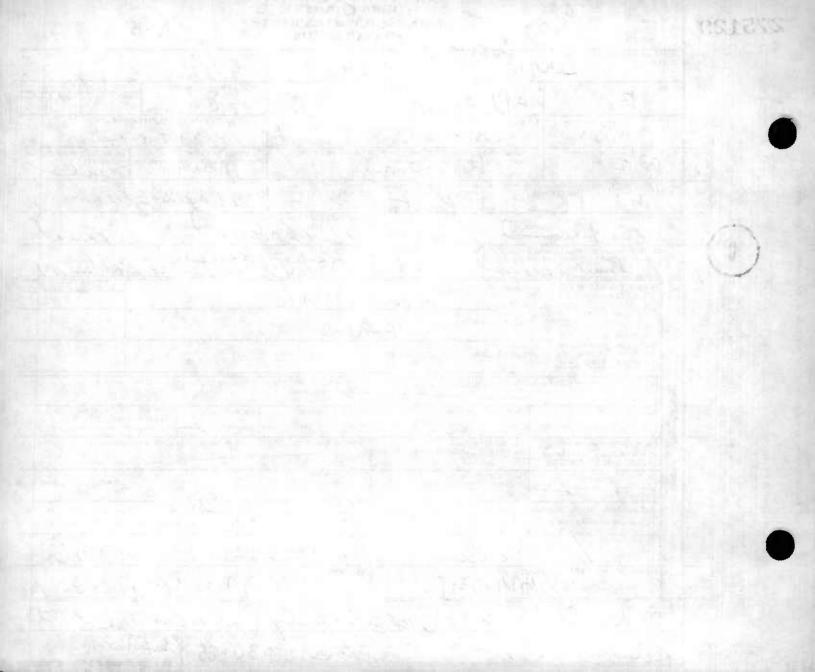
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DHMH-16 25M (VRA 15, 4) 1/79

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST L DECEASED NAME 2e. DATE OF DEATH MONTH DAY YEAR 2b. HOUR AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH BAUT CIL 12a. USUAL OCCUPATION 136 KIND OF BUSINESS OR (TYPE OF WORK FOR A OST OF WORKING LIFE) INDUSTRY APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20h: IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO F 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 235. DATE 231 NAME OF CEMETERY OR GREMATORY CITY OF JOWN |SPECIFY 24 FUNERAL MIRE Fig. Davidson-June



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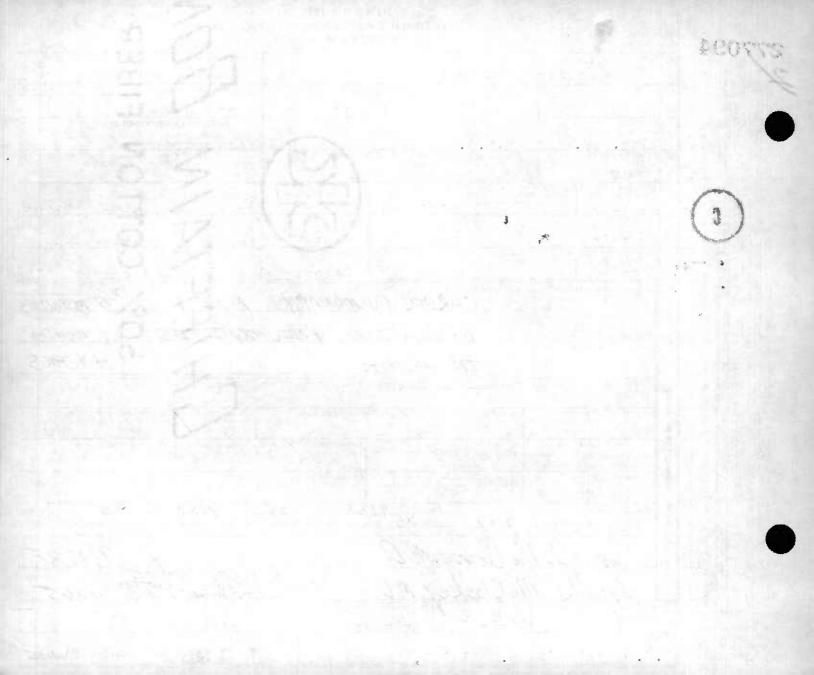
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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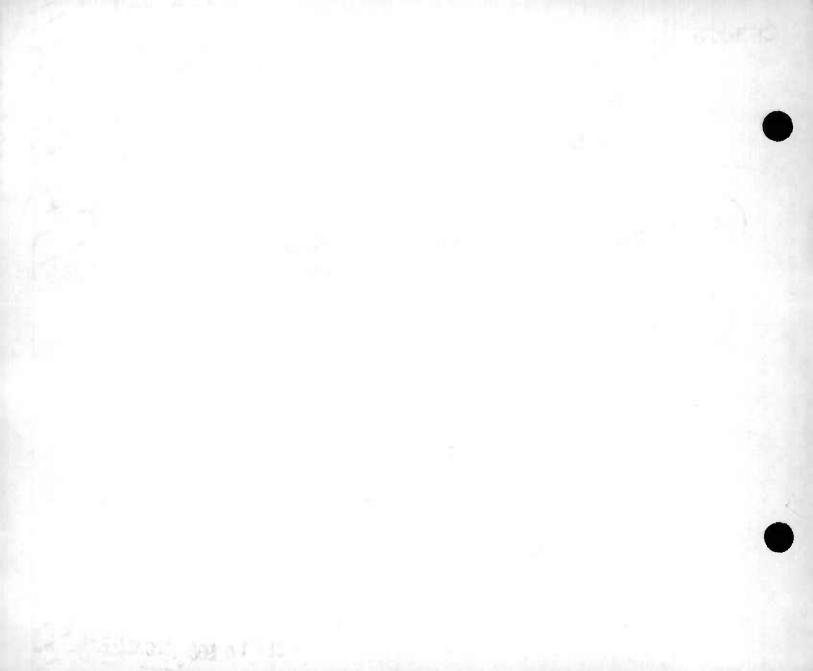
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ŀ	1. DECEASED NAME FIRST	MIDE	N.E	LAST		REG. NO.	DAY YEAR	2b HOUR		
1	BRIDGET	re Y	vette	YOUN	G	SEPT 27.198	5	8:47A M		
I	3. SEX	4 RACE	5.	DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
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7	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WH	AT COUNTRY? 8	MARRIED NEVER	MARRIED X	9 BALTIMORE CITY OR COL	INTY OF DEATH			
1	Balto, Md.	U.S.A	w	IDOWED	NORCED	BALTIMORE	CITY	MD.		
	ID CITY OR TOWN OF DEATH		SPITAL, NURSING H CILITY, GIVE STREET ADDR	OME OR OTHER INS	NOITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)		OF BUSINESS OR		
	BALTIMORE	JOHNS	HOPKINS H	OSPITAL			2			
	USUAL RESIDENCE (IF NURSING HOME C 130. STATE 136 COU		CITY OR TOWN		CITY LIMITS?	13e.STREET ADDRESS / ZIP C	CODE			
1	Maryland		Baltimo			923 N. Stree	Der St	21205		
	14 FATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER	'S MAIDEN NAA	AE MIDDLE	LAS	51		
1	Demetrio		Young	Den			Patte	rson		
X.	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES G	RMED FORCES? 161	SOCIAL SECURITY	NO 17 INFORM	ANT	ADDRESS				
	no		None	Gen	eva Ne	lson 923 N.	Streepe			
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line ED BY: ATE CAUSE (a)	ARDDO	PULMON	ARY	ARREST	BETWEEN 5	MDNITES		
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR A	ADIA DIA TAMENTALIANA	TON	PNOU	MONITIS	47	MONTH S		
2	PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 2006. IF YES, Y								
-	H.					YES NOW IN CE	RTIFYING CAUSES	NO [
9	00 000 000 000 000 000 000 000 000	Attr	MONTH DAY	YEAR	VJURY OCCURR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
	OR CONTINUOUS CAUSE OF DE CAUS	21e. PLACE OF	NJURY FACTORY, OFFICE FARM,	211 LOCAT	ION	CITY OR TOWN	COUNTY	STATE		
	270.1 certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did n	9/27	19 85	9/27 and that in (my	19 <u></u>	eoth occurred on the date and		that (I) (we) last causes stated		
	27b. SIGNATURE	Mc Clos	hey Mire	10	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22t. DATE	SIGNED		
	22d. PASSICIAN'S NAME LIVE	Mc Clas	key, M.	D, 22e ADDRE	SIGHNS	WOLFE STORY TEMORES	A3 2/2	205		
1	230 BURIAL, CREMATION, REMOVA	100,000		E OF CEMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE		
1	BURIAL	10-2-8	5 Arb	utus		Baltimore	County	Md.		
1	24 FUNERAL DIRECTOR				250 DATE	REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNAT	TIDE		
J.	W.C. March F/I		ADDRESS		0/	T 1 100= 1	his Davidson			

DHMH - 16 60M 7/84 (VRA 15, 4)

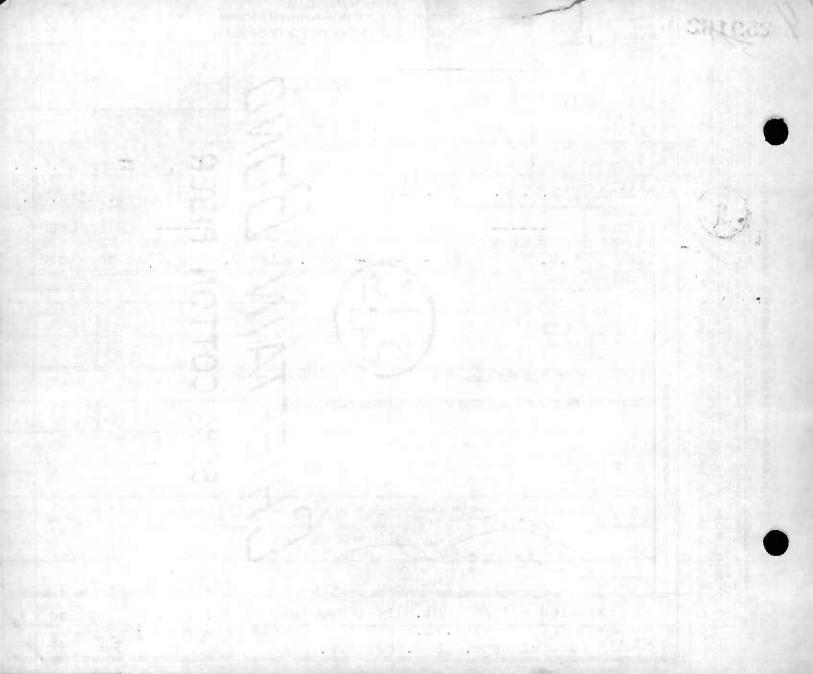
should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prior MPORTANT: If them 21 is marked or tem 18 shows any



DIVISION OF VITAL RECORDS,



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	ESSARY, PIEASE ERAL DIRECTOR. OR YOUR FILES. THIN 72 HOURS RESTON STREET,	Ma	le White	7/3/190	YEAR LAST BIRTHS	RS. MONTH	S DAYS HOURS	MIN. PRONOL	INCED D	9	8 1985	5PM
	ERAL DE YOUR YOUR THIN	70 B	RTHPLACE (STATE OR	76. CITIZEN OF WI		li i		0 RAITH	MORE CITY O			
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ORE, MD. 2120	1 92	JAJF/	James	MIDDLE	Young		IS MOTHER'S MAID	ENNAME	MIDDLE		zabet]	
ALTIMOI	AFTER D HIVE PAGE HISTORY OF TISION O	160. V	VAS DECEASED EVER IN U.S. ARM ES NO. OR UNKNOWN) HE YES GIVE V	NED FORCES?	216-07-54	.)	Mrs.Hele	n V.You	address ng, San	ne as	above	9
TS N	HOURS EM 18 G NG WII ERMIT P FENE, DO		18. CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED IMMEDIAT	y one couse per line BY: E CAUSE (a)	efor (o), (b), ond (c).) eriosclerot	ic ca	rdiovascu	lar disea	se		APPROXIMATE BETWEEN ONSE!	INTERVAL AND DEATH
201 W. PRESTON ST	JTED WITHIN 24 IN PENCIL IN ITEM PENCI		Conditions, if ony, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	(b)	AS A CONSEQUENCE							
DIVISION OF VITAL RECORDS, 201	WID BE EXECUTED "PENDING" IN P EF MEDICAL EXA SED AS A BURIAL- SHEALTH AND ME AL CREMATION,	NO	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE	OR CONDITION GIVEN IN PA	ART 1 1g				
ITAL RE	00=48=	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPE	RATION W.	AS PERFORMED?				20 AUTOPSY?	NO 🗓
ONOF	CERTIFICATE SH SITING THE WOR IDED TO THE CE E 3 SHOULD BE LE E DEPARTMENT OF		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH P.M	. MONTH DAY YEA	R	OW INJURY OCCURRI	ED (ENTER NATURE OF II	NJURY IN ITEM 18 P.	ART 1 OR PART 2)	
DIVIS	E, WRITING E, WRITING EWARDED PAGE 3 SI STATE DEP , 21201 PR	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY AT HOME. TORY, FARM, ETC.)		CATION TREET	CITY OR TO	OWN	COUNT	Υ	STATE
•	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO EUNERAL DIRECTOR: 8 AFTER DEATH, WITH THE SIS BALLIMORE, MARYLAND.;		22a. I certify that I took charge death resulted from: Natural ACTUAL SIGNATURE	e of the remoins des	1 - 1	Autops	Hamicide Hamicide TITLE (SPECIFY) Acting Ch	Undetermined m	nanner .	DATE SIGNED	9/9/8	5
	TO MED EXECUTION PAGE 4 TO FUN AFTER D BALTIMO	23a. B	EXAMINER'S NAME (TYPE OR PRINT) Th	omas D. S	Smith, M.D.		TO DIECO	Penn St.	Balto			
07/84			JRIAL, CREMATION, REMOVAL 23 PECIFY) Cremation			ret C	emetery	Baltim			yland	ATE
25M	DHMH - 17	24 FL	INERAL DIRECTOR	Balt	0.Md.2123	0	25a. DSTE	RBC'O BYSREGISTR	AR 256 REGIS	TRAR'S SIGN	NATURE	-
	(VR A15 ME (5))	I	čČully Funera	I Home,	130 E.For	t Av	e.					1777



267038	1	FOR - STATE			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY	GIENE C	0 6	7 0	7	
201000	REGISTRAR					CERTIF	ICATE OF DEATH	REG. NO.				
		CEASED NAME	FIRST		MIDDLE		AST		MONTH DAY	Y YEAR 2	h HOUR	
noy be			lean	or	L.	7	lang s	September	19	7005	4 7 5 -44	
The second second	1, 5E			4. RACE		5. DATE C	OF BIRTH	6. AGE TIN YEARS LAST BIR	RTHDAY) IF	UNDER I YEAR II	1 - 15 TM	
Page 4		Female	1/2	White J		July		52	YRS.	NTHS DAYS HOURS MIN.		
a in pod	7a. B	RTHPLACE (STATE OR FOREIGN			WHAT COUNTRY?	8		9. BALTIMORE CITY O	OF DEATH			
the cott		aryland	30	USA WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTH			DIVORCED				440	
with with		ITY OR TOWN OF DEAT	H					120 USUAL OCCUPAT	ION	12b. KIND OF F	OF BUSINESS OR	
S of the second	B	altimore			ch facility, give street and Gener		eni+al	Bookkeep	F WORKING LIFE)	INDUSTRY		
212 Hour Beef	JUSU	AL RESIDENCE (IF NURSIN	HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				2123	0	
No 24	Ma	ryland	is. COUN		Baltimo	re	13d. INSIDE CITY LIMITS?	333 Hambu	rg St	.Balto	.Md.	
JARYLA James James	14. FA	ATHER'S NAME					15. MOTHER'S MAIDEN NA	ME				
MARYLAND ed whin 24 hipetely fille and 2 should	6	Stephen		MIDDEN .	Thomps	on	"Cathe	erine MIDDLE C		Roggi	е	
- 0		VAS DECEASED EVER IN			166 SOCIAL SECU		17. INFORMANT	ADDR	SS			
BALTIMORE cate be execu- ysician and or ppers. Pages vol., the medica	{	VES, NO ON WIKHOWH)	(IF YES, GIV	E WAR OR DATES)	213-30-	2792	Mr.Joseph	V. Zang, Sa	me as	above		
ALT		18. CAUSE OF DEATH	Enter on	ly one couse per	line for (a) (b) and	tici				APPROXIMA	TE INTERVAL SET AND DEATH	
the de de de		PART I. DEATH WA	CAUSE	D BY:			g Carcinoma:			BETWEEN ONS	EL AND DEATH	
on ST ding p or ren	100	1/	MEDIAI				y Carcinoma:	11/21/2-12/2				
STC leath trend ve co		Canditians, if any,	vhich		rasaconseoue Gastroint		al Blood					
he of he or) D	gave rise to imme cause (a), stating					AI DICCU					
hat the by the base of the other		underlying cause	last.	(0)	r as a conseque	NCE OF						
res t med n ple ourio y, or		PART 2. OTHER SIGNIF	ICANTO	ONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	MNAL DISEASE OR CON	DITION GIVEN	JIN PART 1/g:		
RDS equi	CERTIFICATION	United to										
DIVISION OF VITAL RECORDS, 201 W. PRESTON ING PHYSICIAN: The low requires that the death or oftending physician. The this certificate has been signed by the ottendin os the burial-transit permit. Then please remove corb	CAT	190. DATE OF OPERATIO	N	196 COND	IT TON FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	WERE FINDING	SUSED		
ALR he hos	TIE							YES NO IN	YES [NG CAUSES OF	NO T	
ON OF VITA TYSICIAN: T ding physici is certificate burial-transis mental Hygi mental B sh	CER	210. ACCIDENT WAS UNDER		21b. TIME O		V VEAR	21c HOW INJURY OCCUR		RY IN ITEM 18 PART			
SION OF VI	CAL	OR CONTRIBUTING CAL				Y YEAR	K - 10 - 10					
SION C PHYSIC ending this cer the burian of Mental	MEDICAL	21d. INJURY OCCURRE		21e. PLACE	OF INJURY		211 LOCATION	CITY OR TO	harbi	COUNTY	STATE	
IVIS JG F other strict hond rked	2	WHILE NOT WHILE		(AT HOME, SIR	REET, FACTORY, OFFICE, F	RM EIC }	SIREEI	CITY OR TO		COOM	SIAIE	
a solo E		220.1 certify that M (t	nis haspit	al) attended th	e deceased fram_	Auqu	st 19 , 19 85	to_Septem	ber19.19	85 tha	(we) last	
		saw the deceased above. (120) (did	alive and	September	or 79 19	35, an	d that in (xxy) (aur) apinian	death accurred an the do	ate and haur a	nd from the cau	ises stated	
		226. SIGNATURE	1.	7	71 0		DEGREE			22c. DATE SIC		
, <u>.</u>		////	11	en O	Hen. II	1.0	ATTENDING PHYSICIAN	MEDICAL STAF		9/1	19/05	
HOSPITAL ned by the FUNERAL old be dety the Store the Store on the Store of the Sto		22d. PHYSICIAN'S NAM	E (TYPE O	RPRIME			22e ADDRESS		-	1	4-2-	
T 5 T 5 T		MITCH	1ACI	_ B.	HIERR	MI	C/O Marul:	and General	77.00mit	- 7		
Short refo	23a. B	URIAL, CREMATION, RE	MOVAL	23b. DATE		AME OF C	EMETERY OR CREMATORY	23d. LOCATION	HOSPIE	at		
BP_/6	{	Burial		9/23/			idge Mem.Pl	c. Elkride	re. How	ard Co	.Md.	
DHMH - 16 50M 4/B2		INERAL DIRECTOR		I I	Balto.Md	.212	30 250. DAT	E REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATUR	E	
(VRA 15, 4)	Mc	Cully Fun	era	1 Home	130 ADDRESS T	ort	Ave 21230	2 2 0 4005	9	1.0. 70.		

